



Access Professional Liability

Business Owners Insurance Premium Indication Questionnaire

Please Complete All Sections. Answer N/A If Not Applicable. Please Do Not Leave Anything Blank.

Contact Information

Name of Business: _____
Principal Contact Name: _____
Street Address: _____
Mailing Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email Address: _____

Business Activities

Type of Business: (Sole Prop, S-Corp, LLC, etc.) _____ Annual Gross Receipts: _____
Number of Employees: _____ Annual Payroll: _____
Description of Business/Services: _____
Date Business Was Established: _____
Annual Gross Receipts: _____
Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes ___ No ___
(If yes please provide the date, description and amount paid on a separate sheet of paper.)

Property Information

Year Building Was Built: _____ Number of Stories: _____
Total Square Footage of Building: _____ Does This Business Own The Building? Yes ___ No ___
Square Feet Occupied By Your Business: _____
Sprinklers In Building? Yes ___ No ___ Is The Building Alarmed? Yes ___ No ___
Type of Construction: ___ Frame ___ Masonry ___ Metal

Coverage Information

Previous Carrier: _____
Expiration Date: _____
Premium: _____
Business Personal Property Limit Requested: _____
Liability Limit Requested: _____
Building Limit Requested (If Owner): _____
Workers Compensation Insurance Requested? Yes ___ No ___

Signature of Authorized Applicant

Date

**Please fax the completed Questionnaire to 619-810-9043 or email it to
Miki@AccessProLiability.com For questions and information, contact us at 858-414-5516**

*This request for a premium quotation does not constitute nor bind insurance coverage in any way.
This is not an application for Errors & Omissions Insurance*



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Business Owners Package - Important Information and Instructions

Thank you for your interest in the Business Owner Package insurance coverage offered by the Access Professional Liability Insurance Services. Business Owners Package insurance is designed to protect your business for liability loss due to bodily injury and property damage to others, as well as provide coverage for your business property and materials. Once you return the questionnaire, we will be able to determine the appropriate coverage needed for your business exposures.

Contact Information: Please make sure all information is completed, and especially note that we need a legible phone number and email address.

Business Activities: The “Description of Business Services” refers to what your business does, for example, Real Estate Agency, Accountant, Attorney, etc. “Annual Gross Receipts” can be a close approximation, but if your business is brand new, please estimate what your gross receipts will be for your first year of business.

Property Information: This refers to the office space or building you occupy, including if you are working out of your home. If you rent office space, a close approximation of the total building space is sufficient, as is the year built.

Coverage Information: If you do not currently carry this type of coverage, please put N/A in the “Previous Carrier” line and your requested effective date for coverage in the “Expiration Date” line. “Business Personal Property Limit” refers to your office and business equipment that you want covered, while “Liability Limit” refers to how much protection you require for claims for bodily injury and/or property damage to others. Typical choices range from \$250,000 per claim/\$250,000 aggregate coverage to \$1,000,000 per claim/\$2,000,000 aggregate coverage. If you are not sure how much coverage you need, consider what you need to protect. If you are a sole proprietor, for example, you will want to consider higher limits to protect your personal assets. Please contact us if you would like to discuss your options for Liability coverage.

If you need assistance with these questions, or require further information, please contact Miki@AccessProLiability.com or call 858-414-5516