

COMMERCIAL INSURANCE QUESTIONNAIRE
Please complete and return to Cooper Chapman Insurance at
Office@CooperChapmanIns.com. Telephone 864-834-2775

Applicant Information

Contact _____
Company _____
Email _____
Mailing Address _____
Phone # _____
Year Business Started _____
If business less than 3 years old, # of years experience _____
Description of Operations _____

Legal Entity Corporation LLC Partnership Individual Not For Profit

Prior Coverage – Provide Complete Information for Past 5 Years

General Liability Property Automobile Workers' Comp Other _____
Insurance Co. _____ Expiration Date _____
of Years with Prior Carrier _____ Prior Policy # _____

General Liability Property Automobile Workers' Comp Other _____
Insurance Co. _____ Expiration Date _____
of Years with Prior Carrier _____ Prior Policy # _____

General Liability Property Automobile Workers' Comp Other _____
Insurance Co. _____ Expiration Date _____
of Years with Prior Carrier _____ Prior Policy # _____

General Liability Property Automobile Workers' Comp Other _____
Insurance Co. _____ Expiration Date _____
of Years with Prior Carrier _____ Prior Policy # _____

Physical Location #1 Information Own Rent

Address _____
City/State/Zip _____

| | |
|----------------------------|-----------------------------|
| Type of Construction _____ | Building Improvements _____ |
| Year Built _____ | Wiring _____ |
| Square Footage _____ | Plumbing _____ |
| Roof Type & Age _____ | Heating _____ |

Physical Location #2 Information

Own

Rent

Address _____

City/State/Zip _____

Type of Construction _____

Building Improvements _____

Year Built _____

Wiring _____

Square Footage _____

Plumbing _____

Roof Type & Age _____

Heating _____

Physical Location #3 Information

Own

Rent

Address _____

City/State/Zip _____

Type of Construction _____

Building Improvements _____

Year Built _____

Wiring _____

Square Footage _____

Plumbing _____

Roof Type & Age _____

Heating _____

Physical Location #4 Information

Own

Rent

Address _____

City/State/Zip _____

Type of Construction _____

Building Improvements _____

Year Built _____

Wiring _____

Square Footage _____

Plumbing _____

Roof Type & Age _____

Heating _____

Physical Location #5 Information

Own

Rent

Address _____

City/State/Zip _____

Type of Construction _____

Building Improvements _____

Year Built _____

Wiring _____

Square Footage _____

Plumbing _____

Roof Type & Age _____

Heating _____

Please reproduce this page for additional locations.

GENERAL LIABILITY

Limits

- 500,000
 1,000,000
 2,000,000

Rating Basis

Annual Payroll \$ _____
 Annual Revenue \$ _____

General Information – Explain all “Yes” responses in the “Remarks” space provided below.

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Any medical facilities provided or medical professionals employed or contracted? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Any exposure to radioactive/nuclear materials? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Any operations sold, acquired, or discontinued in last 5 years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Machinery or equipment loaned or rented to others? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Any aircraft, watercraft, docks, floats owned, operated, hired or leased? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Any parking facilities owned/rented? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Is a fee charged for parking? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Recreation facilities provided? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10. Is there a swimming pool on the premises? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 11. Any athletic activities, sporting or social events sponsored? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12. Any structural alterations contemplated? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 13. Any demolition exposure contemplated? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 14. Has applicant been active in or is currently active in joint ventures? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15. Do you lease employees to or from other employers? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 16. Is there a labor interchange with any other business or subsidiaries? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 17. Are day care facilities operated or controlled? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 18. Have any crimes occurred or been attempted on your premises within the last 3 years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 19. Is there a formal written safety and security policy in effect? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 20. Does the businesses’ promotional literature make any representations about the safety or security of the premises? |

Remarks

Additional Insured Information

List any entities, such as mortgage holder, landlord, for which proof of insurance must be provided.

| Description of Interest | Additional Insured’s Name and Mailing Address | Additional Insured’s Fax # |
|-------------------------|---|----------------------------|
| | | |
| | | |
| | | |
| | | |

BUSINESS AUTO INFORMATION

Driver Information

List all drivers.

| Driver's Legal Name | Sex | Date of Birth | Drivers License Number & State | Social Security Number |
|---------------------|-----|---------------|--------------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Accidents/Convictions

Has any driver shown above had an accident regardless of fault, or been convicted of a moving violation with the last 3 years? Yes No

If yes, answer the following questions for each accident/conviction

| Driver | Date of Accident/Conviction | Description of Accident/Conviction | Place of Accident/Conviction | Bodily Injury or Death? | Dollar Amount of Property Damage |
|--------|-----------------------------|------------------------------------|------------------------------|-------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Vehicle Information

Total Numbers of Vehicles _____

If necessary, please copy this page to complete following section for all vehicles or attach your spreadsheet providing all the information requested below for each vehicle.

| | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | Vehicle 5 |
|------------------------------|---|---|---|---|---|
| Year | | | | | |
| Make | | | | | |
| Model | | | | | |
| Body Type | | | | | |
| Vehicle ID # | | | | | |
| Registered State | | | | | |
| Cost New | | | | | |
| Description of Use | | | | | |
| Radius of Operation | <input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi. | <input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi. | <input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi. | <input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi. | <input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi. |
| Physical Damage Coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lienholders Name And Address | | | | | |

Auto Limits to be Quoted – Choose one for each coverage

| | | | |
|---|-------------------|-------------|-----------------------|
| Liability | \$300,000 | \$500,000 | \$1,000,000 |
| Personal Injury Protection (per person) | | \$2,500 | \$5,000 \$10,000 |
| Uninsured/Underinsured Motorists | Same as Liability | | Other _____ |
| Hired Auto Liability* | None | \$1,000,000 | Other _____ |
| Non-Owned Auto Liability* | None | \$1,000,000 | Other _____ |

Hired Auto Liability provides liability coverage for vehicles you rent or hire. Non-Owned Auto Liability provides liability coverage for your business when your employee uses their personal auto for your business.

General Information – Provide explanation for all “Yes” responses

| | | |
|------------------------------|----|---|
| <input type="checkbox"/> Yes | No | With the exception of any encumbrances, are any vehicles not solely owned by and registered to the insured? |
| <input type="checkbox"/> Yes | No | Do over 50% of the employees use their autos in the business? |
| <input type="checkbox"/> Yes | No | IS there a vehicle maintenance program in operation? |
| <input type="checkbox"/> Yes | No | Are any vehicles leased to others? |
| <input type="checkbox"/> Yes | No | Are any vehicles customized, altered or have special equipment? |
| <input type="checkbox"/> Yes | No | Are ICC, PUC or other filings required? |
| <input type="checkbox"/> Yes | No | Do operations involve transporting hazardous material? |
| <input type="checkbox"/> Yes | No | Any hold harmless agreements? |
| <input type="checkbox"/> Yes | No | Any vehicles used by family members? If so, identify in Remarks. |
| <input type="checkbox"/> Yes | No | Does the applicant obtain MVR verifications? |
| <input type="checkbox"/> Yes | No | Does the applicant have a specific driver recruiting method? |
| <input type="checkbox"/> Yes | No | Are any drivers not covered by workers compensation? |
| <input type="checkbox"/> Yes | No | Any vehicles owned but not scheduled on this application? |
| <input type="checkbox"/> Yes | No | Any drivers with moving traffic violations? |

Explanations:

Lienholder Information

| Vehicle No. | Lienholder Name and Mailing Address | Loan Number |
|-------------|-------------------------------------|-------------|
| | | |
| | | |
| | | |

WORKERS' COMPENSATION INFORMATION

Locations

| # | STREET, CITY, COUNTY, STATE, ZIP CODE |
|---|---------------------------------------|
| | |
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| | |
| | |
| | |
| | |

Employer's Liability Limits – choose one of the following options

| | | | | | |
|-----------|-----------------------|-----------|-----------------------|-------------|-----------------------|
| \$100,000 | Each Accident | \$500,000 | Each Accident | \$1,000,000 | Each Accident |
| \$500,000 | Disease-Policy Limit | \$500,000 | Disease-Policy Limit | \$1,000,000 | Disease-Policy Limit |
| \$100,000 | Disease Each Employee | \$500,000 | Disease Each Employee | \$1,000,000 | Disease Each Employee |

Rating Information

| STATE | LOC # (above) | CLASS CODE | CATEGORIES, DUTIES, CLASSIFICATION | # EMPLOYEES | | ANNUAL PAYROLL |
|-------|------------------|---------------|------------------------------------|--------------|--------------|-------------------|
| | | | | FULL TIME | PART TIME | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

General Information – Explain all "Yes" responses in the "Remarks" space provided below.

| | | | |
|--------------------------|-----|----|--|
| <input type="checkbox"/> | Yes | No | 1. Any work performed underground of above 15 feet? |
| <input type="checkbox"/> | Yes | No | 2. Any work performed on barges, vessels, docks, bridge over water? |
| <input type="checkbox"/> | Yes | No | 3. Is applicant engaged in any other type of business? |
| <input type="checkbox"/> | Yes | No | 4. Are sub-contractors used? (If yes, give % or work subcontracted.) |
| <input type="checkbox"/> | Yes | No | 5. Any work sublet without certificates of insurance? |
| <input type="checkbox"/> | Yes | No | 6. Is a written safety program in operation? |
| <input type="checkbox"/> | Yes | No | 7. Any group transportation provided? |
| <input type="checkbox"/> | Yes | No | 8. Any employees under 16 or over 60 years of age? |
| <input type="checkbox"/> | Yes | No | 9. Any seasonal employees? |
| <input type="checkbox"/> | Yes | No | 10. Is there any volunteer or donated labor? |
| <input type="checkbox"/> | Yes | No | 11. Any employees with physical handicaps? |
| <input type="checkbox"/> | Yes | No | 12. Do employees travel out of state? |
| <input type="checkbox"/> | Yes | No | 13. Are physicals required after offers of employment are made? |
| <input type="checkbox"/> | Yes | No | 14. Are employee health plans provided? |
| <input type="checkbox"/> | Yes | No | 15. Is there a labor interchange with any other business/subsidiary? |
| <input type="checkbox"/> | Yes | No | 16. Do you lease employees to or from other employers? |
| <input type="checkbox"/> | Yes | No | 17. Do any employees predominantly work at home? |

Remarks