Fisher Insurance Group – Commercial Questionnaire **Account Executive: _____**

Effective Dates: PKG: _____ COM Auto: _____ Workers' Comp: _____

General Information

Company Name: _____ **DBA**: _____ **FEIN**: _____

Mailing Address: _____ **City**: _____

State: _____ **Zip Code**: _____ **3 Years of Clean Loss Runs**: ☐ Yes ☐ No

Contact Name: _____ Contact Phone: _____ Contact Email: _____

Years in Business: _____ **Website Address**: _____

New Policy? ☐ Yes ☐ No **Current Carrier: _____ Pictures of Policy:** ☐ Yes ☐ No

Describe Business Operations: _____

_____

Package & General Liability

Year Building Constructed: _____ **Building Square Footage**: _____ **Building Material**: _____

Sprinklers: ☐ Yes ☐ No **Central Fire**: ☐ Yes ☐ No **Central Burglar**: ☐ Yes ☐ No **Cameras**: ☐ Yes ☐ No

Building Limit: _____ **Contents Limit**: _____ **Annual Sales**: _____

_____

Commercial Auto

Autos

Year	Make	Model	VIN	Coverage Type
				☐Full ☐Liability Only
				☐Full ☐Liability Only
				☐Full ☐Liability Only
				☐Full ☐Liability Only

Drivers

Name	DOB	License Number	Vehicle *(if applicable)*

Comp Deductible: _____ **Collision Deductible**: _____ **Uniform**: ☐ Yes ☐ No

_____

Workers' Comp

Current WC Carrier: _____ Current Employers Liability Limit: _____

Class Code	Description	Total Payroll

Owners

Name	Ownership %	Include/Exclude
		☐Include ☐Exclude
		☐Include ☐Exclude
		☐Include ☐Exclude

_____

NOTES: _____

_____