

AMERICAN ENTERTAINMENT INSURANCE SERVICES
General Liability - Workers Compensation - E & O - Commercial Auto - Commercial Property
Commercial Insurance Questionnaire

Business Name: _____ Business Type: Corp / Sole Prop / Partnership

Contact Person: _____ Telephone: _____ E-mail: _____

Business Address: _____ Yrs in Business: _____

Mailing Address: _____

Nature of Business: _____ Number of Employees: _____

Annual Revenue: _____ Annual Payroll: _____ Coverage: WC / GL / Property / Auto / E&O

Current Coverage: (Y / N) Current Carrier: _____ Exp Date: _____

Losses in the Past 3 Years: (Y / N) Loss Detail: _____

Workers Comp Class Codes & Approx Payroll For Each: _____

General Liability Coverage Limits: _____ Property Ownership: Owner / Tenant

Building Replacement (If Owned): _____ Additional Needs: _____ Deductible: _____

Business Personal Property Coverage Needed: (Y / N) Value of BPP: _____ Deductible: _____

Building Sq Ft: _____ Year Built: _____ Number of Stories: _____ Sprinklers: (Y / N) % _____

Burglar Alarm: (Y / N) Central Station Monitored: (Y / N) Fire Alarm: (Y / N) Central Station Monitored: (Y / N)

Building Renovations: (Y / N) Electrical: Yr _____ Roof: Yr _____ Plumbing: Yr _____ Heating: Yr _____

Other Tenants in the Building: _____

Additional Information: _____ FEIN: _____