***Renewal Commercial Questionnaire***

*Please take a moment and advise us of any changes in your business*

*operations. Answer the following questions by either circling a choice or filling in the blank. We appreciate your business.*

|  |
| --- |
| **Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Location Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|  |  | Has your company engaged in any new activities or new operations the past year? |
|  |  | Have you discontinued any operations or changed the nature and scope of your business? |
|  |  | Have you entered into any other joint ventures/new corporations/partnerships in the past year? |
|  |  | Have you purchased, leased or acquired new locations or vacated locations listed on the policy? |
|  |  | Have your purchased, leased or acquired new business vehicles or equipment not listed on the policy? |
|  |  | Do the property (Building, Contents, Equipment, Computers) limits on your policy reflect the cost to replace? |
|  |  | Do you feel that your current premises and product liability limits are adequate? |
|  |  | Are you concerned with the incredibly high cost of defending against potential employment practices litigation? |
|  |  | Higher limits of coverage are available. Are you interested in discussing your coverage options? |

|  |
| --- |
| **Tell Us About Your Business** |
| # of full-time employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| # of part-time employees \_\_\_\_\_\_\_\_\_\_ |
| Total Payroll $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Annual Gross Receipts $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Tell Us About Your Location** |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sprinklers? Y N Percentage: \_\_\_\_\_\_\_\_\_ |
| Construction of Bldg: Masonry Frame Masonry/Noncombustible Steel/Metal |
| Are you an owner or tenant of building? \_\_\_\_\_\_\_\_ How many stories is the building? \_\_\_\_\_\_\_ |
| Year of construction: \_\_\_\_\_\_\_\_ If older than 25 years, what year was the following updated: |
| Electric \_\_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Water heater \_\_\_\_\_ Roof \_\_\_\_\_\_ |
| Total square footage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Square footage of your area\_\_\_\_\_\_\_ |
| Building Insured Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Only if you're looking to cover your property as well) |

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **I AM INTERESTED IN THE FOLLOWING INSURANCE SERVICES** |
|  |  | Personal Insurance (Auto/Home/Umbrella/Flood/Boat) |
|  |  | Personal Flood Insurance |
|  |  | Commercial Flood Insurance |
|  |  | Commercial Package Insurance (General Liability, Property, Business Income) |
|  |  | Workers Compensation |
|  |  | Commercial Umbrella/ Excess Liability |
|  |  | Directors and Officers / Professional Liability |
|  |  | Data Breach Cyber Liability |
|  |  | OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **YES** | **NO** | **I AM INTERESTED IN THE FOLLOWING SMALL BUSINESS SOLUTIONS** |
|  |  | Business Lending |
|  |  | Payment Processing |
|  |  | HR, Payroll & Benefit |
|  |  | Managed Cloud Solutions |
|  |  | IT Security & Compliance |
|  |  | Cloud Desktop Solutions |
|  |  | Disaster Recovery Solutions |

|  |
| --- |
| **We appreciate any referrals** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **We truly appreciate you taking the time to complete this form. Upon completion, please send to:** |

**J. Archer Insurance Group**

**Email: info@archerinsgroup.com**

For questions, call us at 281-501-8331 www.archerinsgroup.com