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## Customized Business Insurance Plan Questionnaire

### Please provide the following information:

Your Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Describe your business operations: \_\_\_\_\_

Type of business:  Corporation  Not for Profit  Partnership  Sole Proprietorship

Your current expiration date of the date you would like coverage to be effective: \_\_\_\_\_

How many years have you owned this business? \_\_\_\_\_ If a new business, how many years' experience do you have? \_\_\_\_\_

Is your business part of a franchise?:  Yes  No

Are there any businesses or business locations you own or operate that will not be specifically insured by this policy?:  Yes  No

### Location Information:

You business address (if different from mailing): \_\_\_\_\_

Are you more than 500 ft. from a fire hydrant? .....  Yes  No

Are you more than 5 miles from a fire station? .....  Yes  No

Construction of your building (if known):  Frame  Joisted Masonry  Non-combustible Masonry  Non-combustible  
 Modified Fire Resistance  Fire Resistive

Original Year Building Built: \_\_\_\_\_ Square Footage (your area): \_\_\_\_\_ Number of Employees at Location: \_\_\_\_\_

Total Annual Gross Receipts: \_\_\_\_\_

### Property Information:

Are you the sole occupant of a free-standing building (no other tenants)? .....  Yes  No

Are you located in a shopping center or mall with more than 10 stores? .....  Yes  No

Does your building have an automatic sprinkler system covering 100% of your premises? .....  Yes  No

If your building is older than 10 years, have the roofing, electrical and plumbing been upgraded or renovated in the last 10 years? .....  Yes  No

Date of Renovation: \_\_\_\_\_

Do you have a central station burglar alarm? .....  Yes  No

Do you want theft coverage? .....  Yes  No

List your property values below (use 100% of replacement cost values):

Building Value: \_\_\_\_\_ Contents Value: \_\_\_\_\_

### General Liability Information:

Commercial Liability (select one) Per Occurrence/Aggregate:  \$500,000 / \$1,000,000  \$1,000,000 / \$2,000,000

Total annual gross payroll: \_\_\_\_\_

**Do you want any of the following optional coverages?**

Glass Coverage:.....  Yes  No

If yes, indicate the length of the glass (*linear feet*): \_\_\_\_\_

Employee Dishonesty:.....  Yes  No

If yes, indicate the limit needed:  \$10,000  \$25,000  \$50,000

**Please check any of the additional coverages your business might need:**

- Commercial Auto
- Workers' Compensation
- Umbrella Liability
- Employment Practices Liability
- Directors & Officers Liability
- International Coverages
- Errors & Omissions/Professional Liability

**Loss Information (*describe all losses even if not covered by insurance*):**

Date	Description of Loss <i>(attach sheet with further description if necessary)</i>	Total Amount of Loss <i>(include reserves)</i>

Prior Carrier(s): \_\_\_\_\_