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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): _____