



Return Questionnaire to:

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New Business Profile

Commercial Lines Department

Please provide the following information:

Your Name:		
The Business Name:		
DBA Name:		
Physical Address & Phone:	Street	Office Phone
	City State Zip	Cell Phone
Mailing Address if Different		Fax Number
Web Address		E-Mail Address
Tax ID/FEIN		SIC Code
Type of Business: (Corporation, LP, LLC, Sole Proprietor, Not for profit)		Date Incorporated
Your Current Expiration Date OR The Date You Would Like Coverage To Be Effective		
Describe your Business Operations:		
How Many Years have you owned this business?		Is your business part of a franchise?
If a New Business, how many years experience do you have in this industry?		Please attach your Resume
Original Year Building Built: _____	Square Footage of your office location _____	Number of years at this location: _____
Gross Sales: _____	Gross Payroll _____	Ownership Percentage:

Location Information:

Your Physical Business Address:	Street	City/State/Zip
Are you more than 500 Feet from a fire hydrant?	Are you more than 5 Miles from a fire station?	Is the fire station "Volunteer"?
Construction Type:	Frame Joist Masonry Non-Combustible Masonry	Non-Combustible Modified Fire Resistive Fire Resistive
Original Year Building was Built:	Square Footage of your business area:	Number of Employees at this Location:
Total Annual Gross Sales:	Domestic Sales:	Foreign Sales:
Percentage of Internet Sales:	Describe Items sold through Internet:	

Property Information: "Complete This Section For Each Property Address/Location"

Are you to sole occupant of a free-standing building (no other tenants)		
Are you located in a shopping center or mall with more than 10 stores?		
Does your building have an automatic sprinkler system covering 100% of your premises?		
If your building is older than 25 years, have the roofing, electrical and plumbing been upgraded or renovated in the last 10 years?	What year were the roofing, electrical and plumbing upgraded or renovated?	
How Many Stories is your Building?		
Do you have a Central Station Burglar Alarm?		
Who is the Monitoring Company?		
List your Property Values using 100% of Replacement Cost Values		
Building #1	Business Personal Property	Business Interruption
Property Off Premises	Property In Transit	Property of Others in your Care/Custody/Control
Building #2	Business Personal Property	Business Interruption
Property Off Premises	Property In Transit	Property of Others in your Care/Custody/Control

General Liability Information:

General Liability Limits Desired:		
Deductible Limit Desired:		
Have you had General Liability Coverage previously? Carrier Name: Limits Carried:		Policy Term: Deductible Limit:
Do you use contracts with your vendors/subs?	Please provide copy of your vendor or subcontractor contracts	
Do you require your subcontractors to carrier general liability limits equal to or greater than the limits you carry?		
Do you require certificates of insurance from your subcontractors and/or vendors?		
Do you Do business in Foreign Countries?		
What Countries do you do business with:		
Do you have Employees that Travel to Foreign countries?		
Do you have foreign components in your Products?		
From What countries do the components come from:		
Do you purchase directly from these countries or do you secure components from a USA wholesaler?		

Automobile Liability Information:

Auto Limits we Offer: \$1,000,000 Combined Single Limit		
Do you want PIP Coverage?	Do you want Uninsured Motorist Coverage?	Do you want Towing Coverage?
How Many Truck/SUV Units:	How Many Private Passenger Vehicles:	How Many Trailers
Please attach a detailed list of vehicles that include: Year, Make, Model, VIN, Garage Location and Cost New		
How Many Drivers:	Do you Check MVR's Pre-hire?	Do you Check MVR's Annually?
Please attach a detailed list of drivers that include: Full Name, Date of Birth, Driver's License Number and State of Issuance		
Are employees allowed to take company vehicles home?		
Are there guidelines for driving company vehicles for personal use?		
Do Employees drive their Own Personal Vehicles for Company Business?		
If Yes, For what job duties?		
Do you require these employees to carry higher personal insurance limits (recommend \$100,000 CSL)		

Umbrella Liability

We Will Quote \$1,000,000 Umbrella – Would you like a quote on higher limits?	What higher limit umbrella would you like
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Worker's Compensation Information

Tax ID/FEIN for each entity:	Entity Name: FEIN:	Entity Name: FEIN:
Do you have an Experience Modifier through NCCI?	Please Provide a Copy of Mod Worksheet	
What is the Total Number of Employees?		
Do you work more than one shift?	If yes, how many shifts?	
Do you have Regularly Scheduled Safety Meetings?	How Often are the safety meetings done?	
Please provide a list of all employees that includes the employee name, their duties and their annual payroll		
How Many "Officers" does the business have?		
Officers that do "Office Duties" only have an option to be excluded from Work Comp. Do any officers want to be excluded?		
Do the Officers have Ownership in the Business?		
Please list the names of all officers and the percentage of ownership		
Have you had Worker's Compensation Coverage previously?	Are there any unresolved audit issues?	
Carrier: Limits:		
If you have had Work Comp before – please advise Class Code Information	You can provide a copy of the policy page that lists the class code	

Do you want any of the following optional coverages?

Employee Dishonesty If yes, indicate the limit needed	ERISA If yes, indicate the limit needed	Fiduciary Liability If yes, indicate the limit needed
Employment Practices Liability If yes, indicate the limit needed	Professional Liability If yes, indicate the limit needed	Directors & Officers Liability If yes, indicate the limit needed
Foreign Liability If yes, indicate the limit needed	Kidnap & Ransom If yes, indicate the limit needed	Cyber Liability If yes, indicate the limit needed

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

Date of Loss	Description of the Loss (Attach sheet with further description if necessary)	Total Amount of Loss (including Reserve)

In Addition to this Questionnaire being completed, we will also need the following items:

- Current Rated Hard Copy Loss Runs for each line of coverage
- Declaration/Information pages and table of contents from current policies

NOTE: This questionnaire is for Baty Worldwide internal use. There may be additional applications required by the carriers as we go through the marketing process.

Insured Signature

Date

Producer Signature

Date