

**Commercial Data Gather Form**  
**Business Owners Package – Liability & Property**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Legal Entity:  Sole Proprietor  Partnership  LLC  Corporation

Federal Tax ID #: \_\_\_\_\_ Annual Gross Receipts: \_\_\_\_\_

Number of Employees: FT \_\_\_\_\_ PT \_\_\_\_\_ Annual Payroll: \_\_\_\_\_

Date Business Was Established: \_\_\_\_\_ (If under 3 years, provide prior experience info)

Description of Operations: \_\_\_\_\_

Coverage Desired: Building \$ \_\_\_\_\_ Business Income  Yes  No

Computer Equipment: \$ \_\_\_\_\_ All Other Business Property \$ \_\_\_\_\_

Location Information:

Year Built: \_\_\_\_\_ Construction Type: \_\_\_\_\_ # of Stories \_\_\_\_\_

Sq. Ft. of Building: \_\_\_\_\_ Sq. Ft. You Occupy: \_\_\_\_\_

Roof Type: \_\_\_\_\_ Year Last Replaced: \_\_\_\_\_

Year of Building Improvements: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Other Occupants of Building: \_\_\_\_\_

Neighboring Exposures: Right \_\_\_\_\_ Left \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

Monitored Alarm System:  Burglar  Fire Monitoring Co: \_\_\_\_\_

Fire Sprinklers:  Yes  No

Current Carrier: \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Any Claims/Losses In Past 5 Years:  Yes  No