

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Disability Insurance

Bridenstine and Associates

Fax 612-395-5233

Contact First Name _____ Contact Phone Number _____
Contact Last Name _____ Fax _____
Your Company Name _____ Your Web Page Address _____
Mailing Address 1 _____ Email _____
Mailing Address 2 _____ Evening Phone _____
Mailing City _____ State _____ Zip Code _____ Cell Phone _____

Contact Notes _____

Location Address 1 _____

Location Address 2 _____

Location City _____ State _____ Zip Code _____

Years in business _____

Business Type Individual Corporation Partnership
 Joint venture LLC Other

Premises Type Owner Owner-Lessor Service
 Off ice Habitational

Program Retail Wholesale Service
 Off ice Habitational

Description of operations _____

Mortgagee name & address _____

Business liability _____ \$300,000, \$500,000, or \$1,000,000

Business personal property to cover _____ enter \$ amount

Deductible _____

Exterior glass Yes No Sign Yes No

Amount of Money & Securities ie \$10,000 Inside/\$2,000 outside _____

Systems breakdown - Boiler and Machinery Yes No

Accounts receivable Amount _____

Valuable papers _____

Business computer: Hardware _____

Software _____

Employee dishonesty _____

Additional insured name & address _____

Non-owned and hired automobile _____

Building Amount to insure _____

Replacement cost _____

Actual cash value _____

Construction Frame Joisted masonry

Masonry: Noncombustible

Fire resistive

Sq. foot area of each building _____

Sq. foot area occupied by applicant _____

Year of construction _____

Number of stories _____

Annual Sales _____

Annual payroll _____

Number of Employees _____

Payroll Excluding Owner _____

Prior Insurance Description Past 3 Years (Company Name, Year's Covered)

Loss History (Descriptions, Dates, Amount paid)

Remarks _____