

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 Farm 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

