

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 Group Dental 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