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 Special Event 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 _____

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 _____

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 _____

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

_____

Loss History (Descriptions, Dates, Amount paid)

_____

Remarks

_____