

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 Umbrella 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

Liability \_\_\_\_\_ \$1,000,000, \$2,000,000, or \$3,000,000

Applicant Occupation \_\_\_\_\_

Co-Applicant Occupation \_\_\_\_\_

Uninsured & Underinsured Liability Requested \_\_\_\_\_

Number of All Terrain Vehicles \_\_\_\_\_

Number of Autos \_\_\_\_\_

Number of Farms \_\_\_\_\_

Number of Motorcycles \_\_\_\_\_

Number of Office/Studios \_\_\_\_\_

Number of Recreational Vehicles \_\_\_\_\_

Number of Rented Dwellings \_\_\_\_\_

Number of Residences \_\_\_\_\_

Number of Watercraft \_\_\_\_\_

Number of Young Drivers \_\_\_\_\_

Number of Major Driving Tickets (DWI etc.) \_\_\_\_\_

Number of Minor Driving Tickets (Speed etc.) \_\_\_\_\_

Any Aircraft owned, leased or furnished of regular use? \_\_\_\_\_

Any driver have physical or mental impairment? \_\_\_\_\_

Any swimming pool on premises? \_\_\_\_\_

Any real estate vehicles or water craft used for business purposes? \_\_\_\_\_

Engage in any type of Farming operation? \_\_\_\_\_

Any Employees? \_\_\_\_\_

Any business or professional activities included on primary policies? \_\_\_\_\_

Any applicant or any tenant have any animals or exotic pets? \_\_\_\_\_

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

Loss History (Descriptions, Dates, Amount paid)

Remarks