Commercial Insurance Survey Form

Poole Professional Ltd.	Wortley/Poole Professional Ltd.
401 Edgewater Place, # 180 Wakefield, MA 01880	100 N. 17th Street, Suite 1200 Philadelphia, PA 19103
Ph: 781-245-5400 Fax: 781-245-5463	Ph: 215-564-6970 Fax: 215-564-6975

I. Firm Information

Firm Name: _____

Address: _____ **Phone Number:** _____

City, State, ZIP: _____ **Fax Number:** _____

County: _____ **Email address:** _____

Firm Entity: _____ **Description of Operations:** _____

II. Commercial Office Insurance Section

Current General Liability Carrier _____

Policy Term _____ **Policy Limits** _____

Building Information

Building Construction (Circle one) Fire Resistive | Non-Combustible | Masonry Non-Combustible | Joisted Masonry | Frame/Brick Veneer

Year building built _____ **Year HVAC updated** _____

Year electrical updated _____ **Year plumbing updated** _____

Year roof Updated _____ **Type of roof** _____

How long at this location _____

Is this a private residence _____ **Is there a separate entrance?** _____

Are there any other building tenants? If so, please describe _____

_____

Percentage occupied by your firm _____

Total building ground area _____ **Total building basement area** _____

Total office area _____ **Number of floors in building** _____

Miles to fire department	Burglar Alarm type (i.e. central station)	Certificate Number (provide copy) With or without keys

Burglar Alarm Company	Premises fire protection (ie sprinklers, standpipes)	% Sprinklred

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II. Commercial Office Insurance Section continued

Property Information

Building Amount *(If needed)* _____

Contents Limit _____

Accounts Receivable _____

Valuable Papers _____

Computer Equipment _____

Computer Software _____

Owner of building _____

Address _____

Landlord _____

Address _____

If you have any loss payees to be added for contents, computers, loans, etc., please list the name, address and property reference on separate piece of paper.

III. Miscellaneous Required Information

Current Professional Liability Carrier _____

Policy Term _____ **Limits** _____

Number of Employees:
Number of Employees who spend more than 15% of time out of office: _____

Describe any losses in past 3 years:

Date of Loss	Description	Amount Paid/Reserved

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IV. Automobile Section

Current Auto Liability Carrier _____

Policy Term _____ **Policy Limits** _____

Vehicle Information

	Vehicle #1	Vehicle #2
Year/Make/Model of Vehicle		
Garage Location		
Vehicle Identification Number		
Cost New		
Is the vehicle going to be leased?		
Loss Payee?		

Describe any losses in past 3 years:

Date of Loss	Description	Amount Paid/Reserved

Driver Information

Name	State/License Number	Social Security #	DOB

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V. Workers Compensation Section

Current Workers Compensation Carrier _____

Policy Term _____ **Policy Limits** _____

Total Payrolls for the following categories:

Professionals who visit job sites 12 or more trips out of the office a year:

Name	Projected Annual Salary	Title

Clerical Staff (including professionals that do not visit job sites 12 or more times a year)

Name	Projected Annual Salary	Title

Federal Employment ID Number: _____ NJ Employer Registration Number: _____

Persons to be excluded from coverage: *(i.e. partners in a partnership)*

Name	Title

Describe any losses in past 3 years:

Date of Loss	Description	Amount Paid/Reserved

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If you would like further information on other risks your firm has, please check any of the boxes below or give us a call:

Umbrella liability	☐	Employment Practices liability	☐
International coverage	☐	Railroad Protective liability	☐
Design/Build coverage	☐	Owners & Contractors risks	☐
Project professional liability	☐	Director's & Officers Liability	☐
Disability Insurance	☐	Key man or other life insurance	☐
Health/Accident insurance	☐	Other financial programs	☐

Any questions please contact:

- Poole Professional Ltd. at 781-245-5400
- Wortley/Poole Professional Ltd. at 215-564-6970.

Signature _____

Print Name _____

Title _____ **Date** _____