



**BUSINESS PROFILE**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you added any new services or operations?  Yes  No

If yes, please provide details \_\_\_\_\_

Have you had any changes in business ownership?  Yes  No

If yes, advise changes: \_\_\_\_\_

What are your expected annual gross sales for the next 12 months? \$ \_\_\_\_\_

**GENERAL LIABILITY**

1. Do you use any subcontractors? If yes, do you currently hold certificates of insurance from them naming you as an additional insured? If not, YOU will be held liable for any bodily injury or property damage caused by them while working for you.

Yes  No

2. Do your employees ever use their own vehicles to conduct business or run errands on your behalf?

Yes  No

3. If your company was to be sued for \$363,000 more than your business liability limits, where would the money come from?

I don't know  It's not something I am concerned about

4. If a disgruntled employee sued you for alleged discrimination, sexual harassment or wrongful termination would you want your policy to cover this?

Yes  No

6. If you provide **employee benefits** to your employees such as Group Health insurance, would you want coverage if you were sued for making an administrative error such as failing to add a new employee to the plan, and if such employee incurred \$120,000 in uncovered medical bills as a result?

Yes  No

7. Do you ever rent vehicles for the business?  Yes  No If yes, what is the annual cost \$ \_\_\_\_\_

**WORKER'S COMPENSATION**

*Required by law if you have employees*

1. How many employees do you currently have and what is your gross annual payroll, excluding owners/officers?

Class Code	Description	# of Full Time	# of Part Time	Est. Ann Payroll

2. Can you document that you have a drug free workplace plan in effect?  Yes  No

3. Are you interested in implementing a formal safety program?  Yes  No

4. Would you like to **SAVE 10%** by integrating your Workers' Comp and Group Health Plan?  Yes  No

**PROPERTY**

1. Have you purchased any new property or equipment & not reported it to us?  Yes  No

If yes, what and what is the value \_\_\_\_\_

2. Have you or the building owner recently updated any of the following:

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Heating/AC          | Type: _____         |
| <input type="checkbox"/> Plumbing            | Type: _____         |
| <input type="checkbox"/> Wiring              | Type: _____         |
| <input type="checkbox"/> Roof                | Type: _____         |
| <input type="checkbox"/> Tenant Improvements | What & value: _____ |

3. Are your Property & Building coverage limits sufficient to cover the **Full Replacement Cost** should such property be totally destroyed? (WARNING! If the limits are not high enough, your claim amount may be reduced.)

- Yes       No

4. Do you have a central reporting fire and or burglar alarm?  Yes    No

5. Certain perils are not covered unless added back to your policy by endorsement.  
Please check the perils that you would like us to quote.

- Flood    Earthquake    Boiler Explosion    Loss of Power/Water/Communications, etc.  
 Electrical injury caused by artificially generated power surges or loss of power  
(eg. Blackout, brownout, car hits telephone pole or transformer, lightening)

6. If a loss caused your business to shut down for an extended period, would you need money to continue key employee salaries and other business expenses?

- Yes       It's not something I am concerned about

7. If an employee stole money from your business, would you want it paid back?

- Yes       It's not something I am concerned about

8. Are you dependent on one or several unique suppliers or customers to the extent that a shut down of their business for an extended period of time would hurt your business?

- Yes       No

9. Every Property Insurance policy has internal sub-limits. Please indicate the amount of coverage you need (if any) for each of the following special types of property. If no coverage is needed, please indicate "0":

- |   |  |
|---|--|
| \$ _____ Computer hardware  | \$ _____ Sign coverage                 |
| \$ _____ Computer software  | \$ _____ Glass coverage                |
| \$ _____ Money/notes/securities at your office/business                               | \$ _____ Patterns/molds/dies           |
| \$ _____ Incoming shipments from suppliers  | \$ _____ Display booths at trade shows |
| \$ _____ Personal property while away from the premises                               | \$ _____ Outgoing shipments            |
| \$ _____ Contractors equipment taken off premises                                     | \$ _____ Fine arts/collectibles        |
| \$ _____ Personal articles owned by your employees                                    | \$ _____ Property tiled to others      |
| \$ _____ Cost to reproduce valuable papers ( <i>blueprints, etc.</i> )                |  |
| \$ _____ Value of jobs being installed ( <i>labor, materials, overhead, profits</i> ) |  |
| \$ _____ Outdoor property ( <i>lights, satellite dish, antennae</i> )                 |  |

10. Are you dependent on your website for a significant portion of your revenues? If yes, do you want coverage in the event that your website is shut down by hackers or a malicious virus?

- Yes       It's not something I am concerned about

## BUSINESS AUTO

1. Does the business own any vehicles?  Yes    No   If no, skip section
2. Do you have any new drivers and/or vehicles?  Yes    No
3. Do you always check the Motor Vehicle Record (MVR) of a driver before hiring and before allowing them to drive your vehicle?  Yes    No

**FINANCIAL**

1. If **sickness or injury** left you unable to work for an extended period of time, how would you pay your bills?

- I don't know       It's not something I am concerned about

2. Do you have any vital employees that, in the event of their death, would put a strain on the business and require time and money to replace them or you would like to buy out their ownership?

- Yes       It's not something I am concerned about

Would you like a quote for health, disability income, or life insurance for yourself, key employees or for all your employees?

- Health       Disability Income       Life Insurance

**OTHER INSURANCE POLICIES**

Did you know Driscoll & Associates offers personal insurance also. If you would like us to review your current coverage for proper protection, offer a competitive quote or service your existing policies, just let us know.

- Home     Auto     Umbrella     Boat     Health     Life    Other \_\_\_\_\_

**Agency Grade Card**

**How are we doing?** Your comments are the most valuable information we have in helping us provide better service to you in the future. Please take a moment to tell us.

1. If you had to grade our agency's overall performance in providing the service you expect from us, what grade would you give?

- A    B    C    D    F**  
(Check one)

2. If you circled anything less than an A, what would you like us to add or improve to better serve you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Please tell us** what you like about doing business with Driscoll & Associates?

\_\_\_\_\_  
\_\_\_\_\_

This Form was completed by (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have questions and would like to schedule a phone or office visit to discuss my insurance.     Yes     No

Referral  
Rewards



**Tell your friends about us and receive \$5 CASH!**

We always ask our new customers who referred them to our agency. If someone we ask gives us *your* name, we will send you a \$5 bill!

Qualified Referrals\*