



# Professional Insurance Brokers, Inc.

## **Business Owners Insurance Premium Indication Questionnaire**

*Please Complete All Sections. Answer N/A If Not Applicable. Please Do Not Leave Anything Blank.*

### **Contact Information**

Name of Business: \_\_\_\_\_  
Principal Contact Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **Business Activities**

Type of Business: (Sole Prop, S-Corp, LLC, etc.) \_\_\_\_\_ Annual Gross Receipts: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Annual Payroll: \_\_\_\_\_  
Description of Business/Services: \_\_\_\_\_  
Date Business Was Established: \_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_  
Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes \_\_\_\_ No \_\_\_\_  
(If yes please provide the date, description and amount paid on a separate sheet of paper.)

### **Property Information**

Year Building Was Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
Total Square Footage of Building: \_\_\_\_\_ Does This Business Own The Building? Yes \_\_\_\_ No \_\_\_\_  
Square Feet Occupied By Your Business: \_\_\_\_\_  
Sprinklers In Building? Yes \_\_\_\_ No \_\_\_\_ Is The Building Alarmed? Yes \_\_\_\_ No \_\_\_\_  
Type of Construction: \_\_\_\_ Frame \_\_\_\_ Masonry \_\_\_\_ Metal

### **Coverage Information**

Previous Carrier: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Premium: \_\_\_\_\_  
Business Personal Property Limit Requested: \_\_\_\_\_  
Liability Limit Requested: \_\_\_\_\_  
Building Limit Requested (If Owner): \_\_\_\_\_  
Workers Compensation Insurance Requested? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Signature of Authorized Applicant

\_\_\_\_\_  
Date

*This request for a premium quotation does not constitute nor bind insurance coverage in any way.  
This is not an application for Errors & Omissions Insurance*

**Professionals Serving Professionals**

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