



錦標保險公司

CHAO'S INSURANCE AGENCY INC.

GENERAL INSURANCE & FINANCIAL CONSULTANT

Commercial Line Questions

1. Name of Insured: _____.
2. any D/B/A _____.
3. Telephone No. _____, Contact Person _____.
4. Kind of Business _____, Tax ID no. _____.
5. Building Info: No. of Story: _____ Brick/Frame: _____ Year Built: _____.
6. Square Ft of the store: _____ What do you have next store: _____.
7. Coverage desired: _____.
8. Contents: \$ _____, Building: \$ _____.
9. Liability Amount. \$ _____, Business Income \$ _____.
10. Any Glass Coverage? Y/N _____, Sq. Ft of Glass. _____.
11. Do you need to add Landlord's Name? If yes please provide the name & address: _____.
12. Landlord: _____.
13. _____.
14. Current Insurance: _____, Any loss in the past 3 years? _____.
15. Workers Compensation Coverage? Y/N _____, Prior Insurance co. _____.
16. No. of employees and total payroll amount. _____.
17. No. of Male _____ & Female _____, Any Claim ? _____.
18. Disability Insurance Company? Y/N _____, Prior Ins Co. _____.
19. Health Insurance coverage? _____, Prior Ins company. _____.
20. Any Commercial auto/truck?. Y/N _____, Provide info. _____.