

Hammond  
Martin  
Walsh &  
Smith



Insurance  
Brokers

**Supplemental Questionnaire**

1. Individual Name: \_\_\_\_\_
2. Company Name: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
Premises Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_
4. Applicant is      Individual      Partnership      Corporation      Other  
Please explain: \_\_\_\_\_
5. Owners' Name & Title: \_\_\_\_\_ Audit Contact: \_\_\_\_\_  
Insurance Contact: \_\_\_\_\_ Accountant: \_\_\_\_\_
6. Applicants Years Experience in the Business: \_\_\_\_\_  
Describe Operations: \_\_\_\_\_ Attach Page if Necessary
7. Annual Payroll: (Not including excluded officers) \$ \_\_\_\_\_
8. Estimated Annual Receipts: \_\_\_\_\_
9. Total value of equipment rented from others: \$ \_\_\_\_\_
10. Total value of owned equipment: \$ \_\_\_\_\_  
Office Equipment: \$ \_\_\_\_\_
11. Previous Insurer and Policy Number: \_\_\_\_\_
12. Previous Loss Experience for the past three years: (Attach Company Loss Runs)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Desired Effective Date: \_\_\_\_\_
14. Expiration Date: \_\_\_\_\_

**Building Information – Important**

Construction Type: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Year Built: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ Sq Footage you Occupy: \_\_\_\_\_

Other Occupancies in Building: \_\_\_\_\_

**Security**

Barred Doors & Windows \_\_\_\_\_ Sprinkler - Total \_\_\_\_\_ Partial \_\_\_\_\_

Alarms: Yes    No    Type: \_\_\_\_\_

Exposures – Left: \_\_\_\_\_

Right: \_\_\_\_\_

Rear: \_\_\_\_\_

Notes: \_\_\_\_\_

**Please attach specimen contract used with your clients**

**Signing this application does not bind the applicant to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued. If any if the above questions have been answered fraudulently or in a way to conceal or misrepresent any material, fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.**

**Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_