



**Comprehensive Commercial
Insurance Services, Inc.**

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Property / Inland Marine Questionnaire

- 1) Owner's Name: _____ 2) Contact Name: _____
- 3) Business Name: _____
- 4) How Did You Hear About Us? _____
- 5) Phone # _____ 6) Fax # _____ 7) E-mail _____
- 8) Address - Mailing: _____
Physical: _____
- 9) Current Insurance Company Name _____
a) Renewal Date _____
b) Annual Premium _____
c) Any Claims In the Past 5 Years? If Yes, Please Describe. _____

- 10) Building Age: _____
- 11) Construction Type: Frame, Joisted Masonry, Non-Combustible: _____
- 12) Owned or Leased: _____ 13) Owner Occupied?: Yes ___ No ___
- 14) Other Occupants: _____
- 15) Square Footage: _____ 16) Number of Stories: ___ 17) Number of Basements: _____
- 18) Circuit Breakers or Fuses _____ 19) Heating: Gas or Electric _____
- 20) Do you have: Sprinklers, Smoke Detectors, Fire Extinguishers _____
- 21) Alarm Type And Company _____
a) Equipped with Interior Motion Detection?: Yes ___ No ___
- 22) Exposure to the Right of Bldg.: _____
- 23) Exposure to the Left of Bldg.: _____
- 24) Exposure to the Rear of Bldg.: _____
- 26) Exposure to the Front of Bldg.: _____
- 27) Year Plumbing/Heating/Electrical Updated: _____
- 28) Building Coverage Amount: _____
- 29) Contents Coverage Amount (Furniture, Office Equipment, etc.): _____
- 30) Inventory Coverage Amount: _____
- 31) Equipment / Tool Coverage Amount: _____
- 32) How Should We Deliver Your Quote? Fax _____ Email _____ US Mail _____ Phone _____
- 33) Additional Comments: _____

Please Fax Or Email To Us For A Property Quote. If You Have Any Questions, Please Do Not Hesitate To Contact Us.