



UNDERWRITING QUESTIONNAIRE

1. How did you hear about CIS?

2. Reasons for shopping? (Unhappy with rates, customer service?)

3. Are you working with an agent? Yes ___No___

4. If so, what is the agent's name and contact information?

Name: _____ Phone: _____ Email: _____

5. Current Insurance Company? _____

6. Length of time with Current Carrier? _____

7. Premiums paid last year? _____

8. Prior Losses in 5 Years? _____

9. Current Limits of Liability? _____

10. SIR/Deductible amount? _____

11. Type of Work? (Sales, Rental, Erection, Repair) _____

12. Any other revenues company produces? _____

13. What type of work do are these revenues generated by? _____

14. Do you want to exclude these revenues? Yes ___No___

15. Are you involved in wrap-ups? Yes ___No___

16. Safety programs in place? Yes ___No___



17. Strength of rental contract? (HH and Indemnification Clause) _____
18. Do you have any other locations? _____
19. Do you use Subs? Yes ___ No ___
20. Do you require Subs to hold Insurance? Yes ___ No ___
21. Are you listed as AI on Subs Insurance? Yes ___ No ___
22. If sales are involved, does manufacturer carry insurance in USA? Yes ___ No ___
23. Can you provide copies of certificates naming you as Additional Insured-Vendor? Yes ___
No ___
24. Is a vendor endorsement in place? Yes ___ No ___
25. Do you require AI's, WOS? Yes ___ No ___ If so, how many would you need annually?
26. How many AI's did you utilize this past year? _____
27. Any potential claims that have not been reported? Yes ___ No ___
28. Are you familiar with Certificates Now? Yes ___ No ___
29. When will you be making a decision on your insurance? _____
30. Will you be requesting financing or paying premium in full? _____