



Business Insurance Questionnaire

After completion, please email form to jill@hisaline.com

Contact Name: _____ Phone: _____

Email address: _____

Name of Business: _____ Year Business Started: _____

Individual/Partnership/LLC/S Corp _____

Mailing Address: _____

Location Address (if different): _____

Type of Business (Description of Operations) _____

Current insurance (Y/N) _____ If no, how many years of experience in the field? _____

Any losses in the Past 3 Years? (Y/N) _____

If yes – explain: _____

Annual Revenue (actual or expected): _____

of Employees: _____ 1099 or W2: _____

Annual Payroll (actual or expected): _____

Liability Limit Desired (\$300k/\$500k/\$1M): _____

Property Coverage Limit Desired (building/contents/equipment) _____