



BUSINESS INSURANCE REVIEW QUESTIONNAIRE

To assist us in protecting you against possible uninsured losses, and to keep our information current, please complete the following questionnaire.

YES

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NO

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Do you wish to make, or do circumstances require any changes to your current liability limits or coverage amounts?

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Have you made any improvements or renovations to your buildings or added any structures since you last reviewed the coverage amounts on your policy?

Does your building/premises have:

Y/N

Smoke detectors

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Dead bolt locks

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Fire extinguishers

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Alarm system

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Storm shutters

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Have you added, changed, or deleted any security systems, safes, or sprinkler system?

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Any changes or additional equipment, signs, computer equipment, or tools purchased?

Has there been any change in your business; such as:

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New products sold or services provided?

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Changes to existing products or services offered?

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Changes in operations or types of work performed?

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Are you regularly in possession of other people's property? (i.e., for repair or maintenance)?

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Do you or any employee carry company money off site?

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Are all owned or leased vehicles listed on your policy?

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Do you work, maintain or operate a business, or keep samples for your business at any other location not listed on your policy?

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Does the business own or rent any water craft or aircraft?
If yes please describe:



Weekes & Callaway, Inc.

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YES

NO

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Does the business own any animals such as guard dogs?

Please describe: _____

Have there been any changes in:

Y/N

Payroll? _____

Sales receipts? _____

Space occupied? _____

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Do you own any additional property, vacant land, or rent or sublet any portion of your building to others?

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Do you obtain certificates of insurance for all subcontractors?

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Your business policy **DOES NOT** provide flood insurance. Would you be interested in a flood insurance cost quotation?

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Would you be interested in a quotation for Life, Retirement, Group Health or Disability insurance?

Thank you for taking the time to complete this questionnaire. Please call our office if you would like to discuss any of the items.

Please return at your earliest convenience in the envelope provided.

Insured's Signature

Date

Title: _____

Phone Number: _____