



WC/CGL/BOP Questionnaire:

In order to provide accurate rating for an insurance quote, please answer the following questions (*mark "N/A" if not applicable*):

Proposed effective date of coverage: _____ Do you have an existing policy? _____
 If so, how long have you had it? (**Please provide us a copy of the policy*) _____

Business Name: _____

Primary Contact / Applicant Name: _____ Mailing: _____

Phone #: _____ Location (if different): _____

Email: _____ Is the location rented/leased space? Yes: ____ No: ____

Web address: _____

Year in business under current ownership: _____ Executive officer name & percentage of ownership: _____

Years of total experience the owner in this field: _____

Corporation, LLC, LLP, Sole Proprietor, Partnership, Non-Profit, Federal ID #: _____

or Other: _____

What type of business do you do? (be as specific as possible regarding the type of business/include typical daily tasks/responsibilities) _____

Liability coverage only or include coverage for personal property, equipment, building coverage, etc? _____

Estimate of gross receipts for the upcoming year: _____ Estimate of payroll for the upcoming year: _____

How many employees: _____ Do you use the services of subcontractors, owner-operators,

Any part time or seasonal employees: Yes: ____ No: ____ and/or independent contractors? Yes: ____ No: ____

Do employees travel outside of MA? Yes: ____ No: ____ If yes, what percentage? _____

Any previous WC or GL losses (claims history)? _____

For sole proprietor/partner ONLY – would you like to include Workers Compensation coverage for yourself?

**If you are excluded and experience an injury on the job, you will not be covered by Workers Compensation. Please consider the pros and cons when deciding whether you wish to include or exclude yourself from your Workers Compensation policy.*

Please choose one: _____ exclude myself from my WC Policy _____ do NOT exclude myself from my WC Policy

**Please be sure to answer all applicable questions to help ensure accurate rating.
 If you have a current policy and would provide us with a copy it will help expedite the quoting process.*

Thank you for choosing Almeida & Carlson Insurance Agency for your insurance needs!