

GENERAL INFORMATION

Date of survey: _____ Renewal date: _____ Date proposal needed: _____

Legal Name of Organization: _____
(Include all organizations that are to be included as insureds)

Address: _____

EXPOSURES

Is the business location above your primary residence? Yes No

Do you own any other properties? Yes No

If yes, please describe what type(s): _____

Do you currently carry Personal Liability coverage for these properties? Yes No

Do you keep firearms on the premises? Yes No

If yes, please describe how and where they are stored: _____

Please provide a list of all family members and dependents living at this location:

Name	Relationship	Age
1.		
2.		
3.		
4.		
5.		
6.		

Have you ever had a Personal Liability claim? Yes No

If yes, please describe: _____

Do you have knowledge of any incident which may lead to a claim? Yes No

If yes, please describe: _____