|  |  |  |
| --- | --- | --- |
| **Commercial Property** | ***Yes*** | ***No*** |
| Do you wish to make any changes to your policy? |  |  |
| Have you purchased any additional properties in the last year? |  |  |
| Have you remodeled your business or built any additions to the property? |  |  |
| Have you moved to a new location? |  |  |
| Has your number of employees changed |  |  |
| Are you offering new goods or services? Has the nature of your business changed? |  |  |
| Did you purchase any new business equipment? |  |  |
| If you own or are responsible for insuring the building, have you reviewed the replacement value of the building? |  |  |
| Have you reviewed the value of your machinery, fixtures and fittings, office equipment and stock? |  |  |
| Are there any new causes of loss you would like coverage for? |  |  |
| Have you added or removed any security, alarms, security systems or the like? |  |  |
| **General Liability** | ***Yes*** | ***No*** |
| Do you wish to make any changes to your policy? |  |  |
| Are you offering new goods or services? |  |  |
| Have your business practices changed significantly? |  |  |
| Have you changed or taken on any new contracts? Do any of these contracts provide an indemnity or hold harmless clause to pay fines or penalties if you are unable to fulfill the terms of the contract? |  |  |
| **Commercial Auto** | ***Yes*** | ***No*** |
| Do you wish to make any changes to your policy? |  |  |
| Have you acquired any new vehicles not listed on your policy? |  |  |
| Are any of the vehicles listed on your policy owned by someone other than you? |  |  |
| **Business Income/Interruption** | ***Yes*** | ***No*** |
| Do you wish to make any changes to your policy? |  |  |
| Has your business turnover and/or your total business expenses changed? |  |  |
| Do you expect your business to grow over the next 2 years? |  |  |
| Has the dependency on any one customer or supplier, including ones from overseas, changed in the past 12 months and/or is it likely to change moving forward? |  |  |
| **Workers Compensation** | ***Yes*** | ***No*** |
| Has your payroll changed over the course of the last policy period? |  |  |
| Has your operation or business changed? (In regard to payroll classifications) |  |  |
| **Would you be interested in learning more about coverages for Management Liability/EPL, Electronic Breakdown, Professional Liability, or any other policies?** |  |  |

**Questions/Comments:**

**Named Insured/Authorized Rep Signature Date**