



# BEMA

## INSURANCE

Commercial Insurance

**Date:**

Name of Business:			
Type of Business:		Date Business Started:	
Individual / Partnership / Corporation / Other:			
Mailing Address:			
City:	County:	State:	Zip Code:
Contact Name:	Cell:	Fax:	
Email:			
Years in Business:		Years of Experience:	
Previous Carrier:	Losses: Yes/No	Target Premium:	
Effective date:	Are you owner/Tenant of Building?		
If Tenant Provide owner details:			

**Property Details:**

Building Value:	Sq.ft Building:	Sq.ft Occupied:
Contents:	Glass:	Sign:
Other (Mention type):	Deductible:	Year Built:
Construction type: Fame/Fire Resistive.		Sprinklered?
Roof Type:		
Hours of Operation:		
Central Station Security System: (YES/NO)	if Yes? Name of company:	
Any renovation done (Yes/No)		
If Yes? Roof:	wiring:	Plumbing: Alarm System:
Do you have a commercial Auto Policy (Yes/No)?		
If No? Hire Non owned Auto Limit:		

**Liability Limits:**

General Aggregate:	
Each Occurrence:	
Products Completed operations	
Personal Injury and Advertising	
Fire Legal Liability	
Med Pay:	
<b>Annual Gross Revenue:</b>	
Number of employees-Part time:	Full Time:
Clerical Payroll:	Non-Clerical Pay roll:
Mortgage/Loss Payee Clause: (Name ,Address, Phone)	
Any Additional Insured and their details:	