

Business & Location Information

Business Name: _____ Federal I.D. #: _____

Business DBA: _____

Contact Name: _____ Contact Phone: _____

Cell Phone #: _____ Email Address: _____

Current Insurance Company: _____ Renewal Date: _____

Mail Address: _____
Street City State Zip

Location Address	#1	#2	#3	#4
Property				
Building Owned/Leased				
Year Built				
Square Footage	Sq.Ft.	Sq.Ft.	Sq.Ft.	Sq.Ft.
Sprinklered (Yes/No)				
Alarm System (Yes/No)				
Inventory @ Cost	\$	\$	\$	\$
Building Insurance Value	\$	\$	\$	\$
Equipment Value (Fridges, Freezers, Etc)	\$	\$	\$	\$
SALES				
Estimated Annual Sales	\$	\$	\$	\$
Liquor Sales	\$	\$	\$	\$
Catering Sales	\$	\$	\$	\$
Pharmacy Sales	\$	\$	\$	\$
Restaurant Sales	\$	\$	\$	\$
Delivery Sales	\$	\$	\$	\$
Gas Sales	\$	\$	\$	\$
Other Sales	\$	\$	\$	\$

Brian Conway, CIC, CLCS

Account Executive

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2501 Westown Parkway, Ste 1104
 West Des Moines, IA 50266
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Location	#1	#2	#3	#4
WORK COMP				
# of Employees	FT: PT:	FT: PT:	FT: PT:	FT: PT:
8033 Store Payroll	\$	\$	\$	\$
8810 Clerical Payroll	\$	\$	\$	\$
Other Payroll	\$	\$	\$	\$
Auto	Year	Make	Model	VIN #
Auto 1				
Auto 2				
Auto 3				
Auto 4				
Driver	First Name	Last Name	Date of Birth	Driver's License #
Driver 1				
Driver 2				
Driver 3				
Driver 4				

If you have more Auto's or Drivers, please provide information below.

Please Provide Front, Back, & Inside photos of each store.

Loss/Claim History for the last 3 years. Please provide a brief description of each claim and what you did to prevent it from happening again:

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Property Information

1. Number of years operating under current ownership? _____ Yes No
2. Is the business equipped with backup generators?
3. Is a power outage plan in place?
If yes, what? _____
4. Is the building equipped with a fire alarm?
If yes, is the alarm manual?
If yes, is it a central station alarm?
If yes, is the alarm equipped with smoke and/or heat detectors?
5. Is cooking done on site?
If yes, is the store equipped with a UL-300 wet suppression system?
If yes, is a contract in place for servicing all hoods and ducts?
If yes, how often? _____
5. Is there a preventative maintenance program in place on all compressors?
If yes, number of service visits per year? _____
If yes, name of maintenance company? _____

Liability Information

1. Is the parking lot snow removal contracted? Yes No
2. Who performs incidental snow removal and salting of sidewalks?

3. Is video surveillance in place?
If yes, is the video recorded digitally?
If yes, is the parking lot monitored also?
4. Are written sweep logs kept?
5. Are customer complaint logs kept?
6. Are cart corrals utilized?
7. How often do managers walk through the aisles to check for potential hazards?

- Are records of these procedures kept? _____

Workers' Compensation Information

1. Is there an employee safety handbook in place? Yes No
If yes, is the handbook reviewed with all new employees prior to starting work?
2. Is there a formal training program for new employees?
What does it consist of?

3. Do you have a return to work program?

SUBMIT

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