



INSURANCE SERVICES

1132 Huntington Drive Duarte, CA 91010
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Commercial Questionnaire

Company Information	
Name of Owner	
Company's Name	
Description of Business (please be specific)	
F.E.I.N.	
Company Setup (sole proprietor or corp.?)	
Year Business Was Started	
If Corporation, Provide the Position and Names of Officers (please indicate percentage of ownership per officer)	
Address	
Telephone No.	
Fax. No.	
E-Mail Address	
Annual Gross Receipts (\$)	
Number of Employee/s	
Annual Gross Payroll (\$)	

Property Information		
Year Built		
Square Footage		
How Many Floors?		
Any Alarms / Sprinkler Systems Installed? Name of Company Installed the alarm?		
What Kind Of Structure Is Located Beside The Property? (i.e. residential, commercial etc.)		
At The Right Side	At The Left Side	At The Rear
Any Wiring, Roofing, Plumbing, Heating Renovations? (please mention type of work and indicate what year completed)		
Business Personal Property Value (\$) (Please indicate the total \$ value of all the equipment and assets being used for the business inside the property)		
Business Income Interruption (months) (Please indicate the number of months you want your income to be protected if ever your business closes down temporarily due to fire or other hazards.)		

Insurance Information	
Prior Insurance Company	
Policy No.	
Any Losses or Claims? When and How Much?	
Any Landlord or Additional Insured? (please provide name and address)	