

# NEYMAN INSURANCE SERVICES

## COMMERCIAL FACT FINDER

### Agent Information

Date: \_\_\_\_\_

Agent Name & ID: SHERRY NEYMAN

Agent Contact Number: (209) 836-2775

Agent Email Address: sherry@neymaninsurance.com

### Applicants Personal Information

Effective Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Form:  Sole Proprietor     Partnership     Corporation     Other: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Employer ID# or SSN# : \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Projected Annual Sales/ Receipts: \_\_\_\_\_

Number if Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Projected Annual Payroll: \_\_\_\_\_

Detail Description of Business:

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Current/Prior Carriers and Policy Numbers for the Past 4 Years:

Year	Carrier	Policy Number

Any Claims from the Past 3 Years?  Yes  No If yes, please list below:

Date	Description	Amount Paid

Business Website: \_\_\_\_\_

License Type/ Number: \_\_\_\_\_

Additional Insured: \_\_\_\_\_

Work Performed & Address: \_\_\_\_\_

### Property/ Business Personal Property

**Building:** Owned: \_\_\_\_\_ Leased: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

How much do you occupy: \_\_\_\_\_ Year Built: \_\_\_\_\_

**Construction Type:** Frame: \_\_\_\_\_ Joisted Masonry: \_\_\_\_\_ Non-Combustible \_\_\_\_\_

Masonry Non-Combustible: \_\_\_\_\_ Modified Fire Resistive: \_\_\_\_\_ Fire Resistive: \_\_\_\_\_

**Renovations:** Electrical Yr: \_\_\_\_\_ Plumbing Yr: \_\_\_\_\_ Heat Yr: \_\_\_\_\_ Roof Yr: \_\_\_\_\_

Other: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Roof Type: \_\_\_\_\_ Age of roof: \_\_\_\_\_

Number of Windows: \_\_\_\_\_ Size: \_\_\_\_\_

Alarm: Fire: \_\_\_\_\_ Theft: \_\_\_\_\_ Local: \_\_\_\_\_ Central: \_\_\_\_\_

Connected to any other business: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Required Coverage: \_\_\_\_\_

Building Neighbors: Left: \_\_\_\_\_ Rights: \_\_\_\_\_

Front: \_\_\_\_\_ Behind: \_\_\_\_\_

Contents Coverage: \_\_\_\_\_

Description of Contents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Fire Dept: \_\_\_\_\_

Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire Dept: \_\_\_\_\_

Deductible Interested In: \_\_\_\_\_

### Commercial Auto

Year	Make	Model	Vin

GVW	Value	Radius	Cargo Value

Drivers:

Name	CDL	DOB	Citations last 3 yrs	Majors last 10 yrs

Vehicle Radius: \_\_\_\_\_

## Workers Compensation

Current Carrier/ Prior Carrier and Policy Numbers (past four years):

<b>Year</b>				
<b>Carrier</b>				
<b>Policy Number</b>				

Number of Full Time Employees: \_\_\_\_\_ Pay Rate Per Hour: \_\_\_\_\_

Number of Part Time Employees: \_\_\_\_\_ Pay Rate Per Hour: \_\_\_\_\_

Description of each employees duties:

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Annual Payroll: \_\_\_\_\_ Experience Mod if Available: \_\_\_\_\_

Class Codes if available: \_\_\_\_\_

Claims during the past four years:

Date	Description	Amount paid out

Federal Employer ID#: \_\_\_\_\_

Date Started with employees: \_\_\_\_\_

### Contractors

License Number (s) and Type (s): \_\_\_\_\_

Approximate percentage of work. (Each column must be total 100%)

New _____%	Commercial _____%	Direct Contractor _____%
Remodel _____%	Residential _____%	Subcontractor _____%
Total 100%	Total 100%	Total 100%

Number of Owners/ Partners: \_\_\_\_\_

Employee Payroll: \_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

Sub-Contracting Cost: \_\_\_\_\_

Any work done on tract homes, apartments, and or condos? If yes, please explain.

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List last 5 jobs: Area, Amount, and Work Performed:

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If new business list upcoming jobs: Area, Amount, and work to be performed:

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