



## Retail Questionnaire

Entity Name:		DBA:	
Mailing Address:			Phone:
City:	State:	Zip:	County:
Contact Name:		Email:	
Are you part of the IPCPR:		Federal ID #:	
Expiration Date:	Expiring Carrier:	Expiring Premium:	

Location Address:			
City:		State:	Zip:
Constructed Yr:		Construction Type:	# of Stories:
Sq. Footage:	CS Burglar:	CS Fire:	Sprinklers:
Roof Update:	HVAC Update:	Plumbing Update:	Electric update:
Closest Fire Hydrant:		Miles to Fire Dept:	Surveillance Cameras:

Annual Sales:	Annual Payroll:	Alcohol Sold (if so, sales):
# of Employees:	Sell Vapes/E-Cigs:	BYOB:
Smoking on Premise:	Venitilation System (Get Pictures):	

Building Limit:	Inventory Limit:	Contents Limit:
I&B Limit	Business Interruption:	Spoilage:
Equipment Breakdown Needed:		

Claims in Last 3 Years:
If Yes, Please Explain: