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 CA #0334819

PROPERTY INSURANCE QUESTIONNAIRE

GENERAL INFORMATION

Named Insured: _____

Contact Person: _____ Title: _____

Mailing Address: _____

Phone (_____) _____ Fax (_____) _____

Email: _____

Property Location #1: _____

Property Location #2: _____

Prior/Current Insurance Carrier: _____

Prior Losses/Claims: _____

Expiration Date of Current Policy: _____

Years in Business: _____

PROPERTY

Amount of Insurance Coverage for:

Replacement Cost Actual Cash Value

Deductibles: _____ Coinsurance: _____

Limits: Building #1: _____ Contents #1: _____

Building Construction Type: _____ Year Built: _____

Area: _____ Type of Fire/Burglar Protection: _____

Location: _____

Limits: Building #2: _____ Contents #2: _____

Building Construction Type: _____ Year Built: _____

Area: _____ Type of Fire/Burglar Protection: _____

Location: _____

Limits: Building #3: _____ Contents #3: _____

Building Construction Type: _____ Year Built: _____

Area: _____ Type of Fire/Burglar Protection: _____

Location: _____

Limits: Building #4: _____ Contents #4: _____

Building Construction Type: _____ Year Built: _____

Area: _____ Type of Fire/Burglar Protection: _____

Location: _____

SIGNS (list and describe signs not attached to buildings):

GLASS (Panes worth more than \$1,000 and all Thermal, Double and Triple Pane glass-List # of panes, width and height of each):

BUSINESS INCOME

Business Income coverage is an extension of Property Coverage that will pay for the actual loss of Business Income you sustain due to the necessary suspension of your "operations" during the "period of restoration." The suspension must be caused by direct physical loss of or damage to property at the premises described in the policy subject to any applicable exclusions.

Please indicate if you are interested in this coverage:

Yes No

BUSINESS AUTO

Liability Coverage: Combined Single Limit: _____

We will automatically include Uninsured/Underinsured Motorist and Medical Payments coverages unless noted otherwise.

List of Vehicles:

Year	Make/Model	VIN Number	Cost New*	Deductibles* Comprehensive / Collision	Where Garaged **
1.					
2.					
3.					
4.					
5.					
6.					

* Cost New and Deductibles are needed when insuring the vehicle for Comprehensive and Collision Physical Damage coverage.

** Garaging needs to list City, State and Zip Code. If all vehicles are garaged in the same location you may only list once.

Non-Owned/Hired Auto Liability Limit: _____ Number of Employees _____

Hire Care Physical Damage Limit: _____ Deductible: Comp. _____ Collision: _____

CRIME

Form A (Employee Dishonesty): Limit: _____ Deductible: _____

Form C (Theft, Disappearance & Destruction):

 Inside Limit: _____ Deductible: _____

 Outside Limit: _____ Deductible: _____

Form Q (Robbery & Safe Burglary-Money & Securities):

 Inside Limit: _____ Deductible: _____

 Outside Limit: _____ Deductible: _____

Explain Security/Safe Protection: _____

WORKERS COMPENSATION

Employer's Liability Limits:

\$ _____ Each Accident

\$ _____ Disease - Policy Limit

\$ _____ Disease - Each Employee

RATING INFORMATION

Categories/Duties/ Job Classifications	Number of Employees	Est. Annual Remuneration

Individuals Included/Excluded:

Partners, Officers, Relatives to be included in or excluded from coverage
(To be included Remuneration must be part of rating information section.)

Name	Date of Birth	Title/ Relationship	Ownership %	Incl./ Excl.

General Information:

1) Do you have any Seasonal Help? Yes No

If yes, how many: _____

2) Is there any Volunteer or Donated labor? Yes No

If yes, how many: _____

3) Are subcontractors used? Yes No

If yes, are certificates of insurance on file? Yes No

INLAND MARINE

(Equipment that can be taken off-premises including Mobile Equipment not included as Contents under the Property Coverage. For Race Teams, include the competition vehicle, tools, misc. equipment and spare engine that leave your premises.)

Scheduled Miscellaneous Articles Limit: _____ Deductible: _____

Equipment Schedule:

Number	Year	Make/Model	ID Number	Value

Large items with significant value should be scheduled above.

Unscheduled Miscellaneous Articles Limit: _____ Deductible: _____

Amt. of Most Valuable Item: _____ Limit should include smaller value items such as tools.

Electronic Data Processing equipment Limit: _____ Deductible: _____

Equipment Schedule:

Number	Year	Make/Model	ID Number	Value

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 5 years.

- Check here if none See attached loss summary

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)