Business Owners Underwriting Questions

Coverages and Limits Desired:

Business Personal Property Limit _____ Deductible _____

General Liability Limit Desired _____

If Building is to be insured, value of building to be insured _____ Deductible _____

Hired / Non Owned Auto Yes _____ No _____

Any Additional Coverages Desired or 3rd party interests need:

If the number of years the insured has been in business is less than 3, indicate how many years of experience the insured has in this field?

Does the insured have ownership interest in any other business? Yes ____ No ____
If yes, describe operations of the other business, name, relationship, percentage of ownership and location information (address, city, state, zip).

Do the insured or the insured's employees regularly use their own vehicles during the course of conducting the business? Yes ____ No ____
If yes Please indicate the control measures in place: (select all that apply)
_____ Employees carry personal auto insurance liability limits of at least 250/500 ($250,000 per person/$500,000 per accident) or $300,000 CSL
Combined Single Limit).
_____ Drivers' MVRs are on file and checked annually by insured
_____ Age and driving experience considered in allowing use of personal vehicles in the course of the business
_____ Other
_____ No control measures in place
Describe other control measures in place

Do the insured or insured's employees regularly use hired or rental vehicles in the course of conducting the business? Yes ____ No ____
If "yes", please describe circumstances that make this necessary

The following questions are location specific and will need to be answered for each location submitted.

Total Building Square Footage _____ Square Footage Occupied by Insured _____ Year Building Built _____ # of Stories ____

Construction type:
Frame _____ Masonry Non-Combustible _____ Masonry Non-
Joisted Masonry _____ Fire Resistive _____ combustible & Wind
Non-Combustible _____ Veneer _____ Resistive ____

Any Claims in the past 5 Years   Yes_____   No _____   (If Yes Please Complete Claims Supplement)

If the building is to be insured please answer the following Questions otherwise skip.

If building coverage is desired, indicate type(s) of occupant(s) in the building and the square footage of each

If building coverage is desired what is the square footage that is vacant

If the building is more than 30 years old indicate the year the wiring was updated. If not updated, explain

If the building is more than 30 years old, indicate the year the heating was updated. If not updated, explain

If the building is more than 30 years old indicate the year the plumbing was updated. If not updated, explain

If the building is more than 30 years old indicate the year the roofing was updated. If not updated, explain

Signature _____ **Date:** _____

L Squared Insurance Agency Llc   81151213
5075 Cascade Road, Suite E
Grand Rapids, MI. 49546

Fax: (616) 940-1196

Attention: **Fill in name of contact here**

Re:

NON-OWNED AUTOMOBILE
SUPPLEMENTAL INFORMATION

Does the insured have a Commercial Auto policy in force?

How many of your employees regularly (more than three times a week) use their
personal autos as part of their job?

What is the maximum radius of operation?
Local (<=50 miles)_____
Intermediate (51 to 200 miles)_____
Long Distance (>200 miles)_____

Select from the following which best describes the use of hired or rental vehicles:
Limited to the occasional use of rental cars for out of town travel_____
Other_____
*If Other is selected, describe hired auto or rental use.

We would appreciate receiving this information by **(Insert Date)** so that we can promptly
process your request.

Sincerely,

Phone:
Fax:
E-Mail: