



COMMERCIAL LINES RENEWAL QUESTIONNAIRE

NAME: _____ ADDRESS: _____ _____ BUSINESS # : _____ FAX: _____ EMAIL ADDRESS: _____
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YES	NO		
		1.	Has your company engaged in any new activities or new operations in the past two years?
		2.	Have you discontinued any operations or changed the nature or scope of your business?
		3.	Have you purchased, leased or acquired any new locations (including vacant land), or vacated any previously occupied locations?
		4.	Have you made any major capital expenditures or entered into any leases on business personal property?
		5.	Have you paid off or disposed of any major capital assets?
		6.	Have you entered into any joint ventures/new corporations/partnerships in the past year?
		7.	Do you carry any business insurance policies other than the ones written through NSA?
		8.	<p>Do the property (Building, Contents, Equipment, Computers, etc.) limits on your policy (<i>see below</i>) accurately reflect the cost to replace the specified property at today's costs? If not, please indicate the limit you would prefer.</p> <p>Property Address: _____</p> <p>Current Building Limit: _____ Requested Building Limit: _____</p> <p>Current Personal Property Limit: _____ Requested Personal Property Limit: _____</p> <p>Currently Business Income Limit: _____ Requested Business Income Limit: _____</p> <p>Please update the following information: Year Built: _____ Square Footage: _____ # Stories: _____</p> <p>Indicate the year updates were completed on the following: roof _____ plumbing _____ electrical _____ heating _____</p>
		9.	In today's litigious society, do you feel that your current premise and product liability limits are adequate?
		10.	Are you concerned with the incredible high cost of defending against potential

			employment practices (alleged discrimination, harassment, etc.) litigation?
		11.	Have your healthcare costs risen dramatically over the years?
		12.	Have you addressed the perpetuation of your business?
		13.	Would you like someone from our office to contact you to further review your insurance policies? Who to contact? _____ Best times/days: _____
		14.	Please explain any YES answers: _____ _____ _____

I AM INTERESTED IN THE FOLLOWING SERVICES OFFERED BY NSA:

Changing ___ deductibles, or ___ coverage's on my existing insurance.
Personal insurance. (auto/home/umbrella/flood/boat)
<i>Flood insurance!</i> How important is it? Call us for more information.
Boat insurance.
Financial Services Products: <ul style="list-style-type: none"> • Business Life Insurance _____ • Key Person Life Insurance _____ • Buy-Sell Planning and Insurance _____ • Income Replacement Protection _____ • Executive Compensation Planning _____ • Medical or Dental Insurance _____ • Tax Advantage Investments _____ • Retirement Plans, 401K Plans, Profit Sharing Plans, IRA's _____ <p>* Would you be interested in a <i>complete financial service review</i>? Y/N. _____</p>
A <i>complete review</i> of your insurance portfolio with a NSA representative.
Providing a referral. Please contact _____ Phone # _____ _____ For (type of insurance): _____ Relationship: _____ _____
Other: _____

Signature: _____ Date: _____