

Please fax completed questionnaire to:
(817) 820-8928

TDA Financial Service
Property and Casualty Insurance Questionnaire



I. Primary Contact Information

1. Contact person: _____
2. Contact phone number(s): _____
3. Fax: _____
4. Email: _____

II. General Business Information

1. Business Name/Name Insured: _____
2. Website address (if applicable): _____
3. Business location address: _____
4. City: _____ State: _____ Zip: _____ County: _____
5. Mailing address (if different from #3): _____
6. City: _____ State: _____ Zip: _____ County: _____
7. Type of legal entity (LLC, PA, Sole Proprietor, etc.): _____
8. Federal Tax ID number (or SSN): _____
9. Year business started or owner took over (most recent): _____
10. Gross annual sales/receipts (if new venture, estimate): _____
11. Total annual payroll (if new venture, estimate): _____
12. Total Number of employees: _____ Full-Time: _____ Part-Time: _____
13. Has the business carried property and casualty insurance during the past three years or since its inception (whichever is greater)? If so, with what carrier? _____
14. Have there been any claims during the past three years? Yes No
15. If so, please describe each claim and the amount paid. _____
16. Has your business insurance been declined, cancelled or non-renewed during the past three years? If so, please explain. _____
17. Do you own any other businesses? If so, please describe. _____
18. Building replacement cost limit (if you own the building) _____
19. Business contents replacement cost limit: _____
20. Desired deductible: _____
21. Requested effective date: _____

III. Building's Physical Characteristics

Required information needed to insure Building and/or Business Personal Property

1. Year building was constructed: _____
2. If building is more than 15 years old, what years were the following updates made?
 - a. Plumbing: _____
 - b. Roofing: _____
 - c. Wiring: _____
 - d. Heating: _____
3. Building construction: Wood Brick Brick-Veneer Metal Masonry Non-Combustible
4. Number of stories: _____
5. Total square footage of building: _____
6. Total square footage you occupy: _____
7. Is location 100% sprinklered? _____
8. Is this location within 25 miles of an ocean, gulf, coastal bay or Intracoastal Waterway? If so, how many miles? _____