

New Business Information Check List

(Please fill in all requested information or circle your choice)
(Please print in black ink as neatly as possible so fax is legible)

Business Name (t/a or dba name) _____
Corporation Name (& website if any) _____
Business Address _____
County _____
Mailing Address (if different) _____
Business Description _____
Days & Hours of Operation _____
Individual / Partnership / Corporation - C or S / LLC / LLP _____
Federal Tax ID # _____
Phone # / Fax # / Cell # _____
Contact Person's Name & E-Mail Address _____
Years in Business or # Years of Management Experience _____
Desired Effective Date of Coverage _____
Building Construction Type (circle one)

- Wood frame with siding
- Metal roof & walls
- Fire Resistive (all steel beams have 1 or 2 hour fire rating)
- Brick & Block with wood joists in roof & walls
- Brick & Block with steel beams in roof & walls

Year of Construction (or approximate age) _____
Do you occupy the entire building? – Yes / No
How many square feet do you occupy? _____
How many Floors in your building? _____ Basement? -Yes/No Is it finished? -Yes/No
Fire Sprinklers? (sprinkler heads in ceiling throughout building) - Yes / No
Alarm System Information – Please circle all that apply:
•central station Burglary •central station Fire •Holdup •Video Monitors•Smoke detectors
Is there an automatic extinguishing system covering all cooking equipment? - Yes / No

- Wet Chemical (UL 300) – Yes / No
- Dry chemical (NFPA 96) – Yes / No

Are contracts in place for semi-annual cleaning/inspection/maintenance? – Yes / No
How many portable fire extinguishers are on site? _____
How many miles to the nearest fire department? _____
If the building is more than 20 years old, must know most recent year of renovation for:

- Electrical _____
- Heating / AC _____
- Plumbing _____
- Roof _____

How often do you make deposits? • Daily • 2-3 times per week • Weekly
Maximum amount of cash deposited? \$ _____
How much cash is left on premises overnight? \$ _____
Is all extra cash kept in a locked safe? – Yes / No
Average number of employees: • Full-time _____ • Part-time _____
Estimated gross annual Payroll: \$ _____
Estimated gross annual Sales: \$ _____
Was insurance cancelled or non-renewed in the past 3 years? - Yes / No
Prior Insurance Company & Policy #'s _____
Any claims made in the past 3 years? – Yes / No (may need printed loss runs)

All coverage limits must be at 100% full replacement cost

Amount of Building coverage (or permanent improvements) - \$ _____
Amount of Contents coverage - \$ _____
Deductible - \$ 250 / 500 / 1,000 / 5,000
Standard Liability Limit - \$ 1,000,000 occurrence / 2,000,000 aggregate
Umbrella Liability Limit – in addition to above / in millions (if needed) - \$ 1 / 2 / 3 / 4 / 5
Money coverage – (maximum) on premises \$ _____ off premises \$ _____
Employee Dishonesty coverage - \$ 5,000 / 10,000 / 25,000
Outdoor Signs coverage - \$ _____
Food Spoilage coverage - \$ 1,000 / 5,000 / 10,000
Water Backup coverage - \$ 5,000 / 10,000 / 25,000
Computer coverage – Hardware \$ _____ Software \$ _____
Exterior Building Glass coverage – how many linear feet? (total width only) _____
Restaurants / Bars – Seating Capacity _____ % Alcohol Sales _____
Circle any that you have: Delivery / Catering / Dance Floor / Entertainment / Bouncer
Please tell us who referred you so that we may thank them _____

Officer Information needed for Workers' Compensation

(To be excluded from workers' compensation in Maryland, you must be an officer of a close corporation, 20% shareholder of an LLC, or an inactive officer drawing no payroll)

Name(s) _____
Date of Birth _____
Social Security Number _____
Title _____
% Ownership _____
Included or Excluded? _____

Any Additional Interests Required? – Provide full name & address

Landlord: _____
Mortgagee: _____
Loss Payee: _____
Franchisor / Developer: _____
Indicate if any of the above must also be named as an additional insured by marking: **AI**

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