



# Town AND Country Insurance, Inc.

## Commercial Questionnaire

1	<b>Contact Name</b>	
2	<b>Business Name</b>	
3	<b>Phone #</b>	
4	<b>Email</b>	
5a	<b>Mailing Address</b>	
5b	<b>Physical Address</b>	
6	What <b>Type of Insurance</b> are you looking for? ***If <b>Worker's Compensation</b> , please provide EIN # in section 9.	
7	What <b>Type of Entity</b> are you?	Sole Proprietor (SP) ____ General Partnership (GP) ____ Limited Partnership (LP) ____ S-Corporation ____ C-Corporation ____ Limited Liability Company (LLC) ____ Incorporation (Inc) ____ Other _____
8	<b>If Sole Proprietor:</b> Please provide your <b>SSN #</b>	
9	<b>If other than Sole Proprietor:</b> Please provide you <b>EIN #</b>	
10a	Do you have <b>Employees?</b>	Yes ____ No ____
10b	<b>How Many Employees?</b>	# ____ Seasonal? ____ Part time? ____ Full Time? ____
10c	What is your <b>Annual Estimated Payroll?</b>	
11	What <b>Type of Operation</b> are you?	
12	<b>Business Lines:</b>	
12a	<b>Business Auto</b> -> refer to the Auto Questionnaire.	Year _____ Make _____ Model _____ VIN _____
12b	<b>Property -&gt; Building</b>  Premises Location _____	Square Feet _____ Year Built _____ Year of Construction _____ Type of Construction _____ <b>Any Updates + Year</b> Wiring _____ Plumbing _____ Heating _____ Roofing _____ Other _____
12c	<b>Tools</b>	_____