

Join our community of satisfied customers today and let us show you why we're the trusted choice for insurance in New York!

COMMERCIAL PROPERTY QUESTIONNAIRE

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Business Name: _____

SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC/LLP

Building Address: _____

Mailing Address: _____

E-mail: _____

Phone: _____

Requested Effective Date: _____

TELL US ABOUT YOUR OPERATIONS:

Description of _____
Operations: _____

Year Started: _____ Year of Experience: _____

TELL US ABOUT YOUR BUILDING:

Year Built: _____

Year Updated: _____ ROOF _____ PLUMBING _____ ELECTRICAL _____ HVAC

Total Sqft Area: _____

of Stories: _____

of Units: _____ OCCUPIED TYPE OF OPERATIONS: _____
_____ VACANT

Heating: CENTRAL FLOOR FURNACE ELECTRIC HEATER FIREPLACE
 GAS SPACE HEATER VENTED OR UN-VENTED

Cooling: CENTRAL WINDOW UNITS TWO PIPE SYSTEM

Residential Use? YES NO

Security: Check all that apply.

MONITORED BURGLAR ALARM DEADBOLT ON ALL DOORS MONITORED FIRE ALARM
 SMOKE ALARMS BARS ON WINDOW CARBON MONOXIDE ALARMS

LOSS HISTORY: _____

Provide summary of losses in the last (3) years (Date Of Loss, Description of Loss, Amount Paid)

Description: _____

COVERAGE OPTIONS: _____

Insurance Declined, Cancelled or Non-Renewed in last (3) years? Yes No

Building Limit: _____ Replacement Cost Actual Cash Value

Contents Limit: _____

Liability: _____

Other: Loss of Rents Ordinance & Law Additional Buildings

**Additional
Information:**

RETURN COMPLETED FORM BY EMAIL steve@doniganinsurance.com

OR FAX TO (315) 478-1443

STEVE DONIGAN AGENCY, INC.
Insurance
NYLANDLORDINSURANCE.COM