COMPARER MES ASSURANCES

Prepare your business insurance file

Business name: _____
Contact person: _____
Specific description of activities:

_____

_____
Activity locations and areas served: _____
Premises (occupied, leased, owned): _____
Equipment and merchandise: _____
Vehicles and business uses: _____
Staffing and subcontracting: _____
Revenue and reference period, if requested:

_____
Specific work, services or activities to describe:

_____
Insurance requirements received from clients or landlords:

_____
Current contracts and history requested by the representative:

_____

[ ] Information checked before transmission
[ ] Documents gathered for the appointment
[ ] Questions about missing items prepared
This worksheet is not an insurance application and does not determine the coverage needed.