



Business Owners Insurance Premium Questionnaire

Please complete this document and fax to our office at 866-443-4310 or email it to us at insurance@onlinehsa.com and a representative will contact you.

Contact Information:

Name of Business: _____

Principal Contact: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email Address: _____

Business Activities:

Type of Business (Sole Prop, S-Corp, LLC, etc) _____

Annual Gross Receipts: \$ _____

Annual Payroll: \$ _____

Description of Business/Services: _____

Date Business Was Established: _____

Any losses in the past 5 years? YES/NO If YES, please provide written on separate sheet.

Home Security of America Insurance Services

310 North Midvale Boulevard | Madison, WI 53705 | 866-443-4309 | fax 608-231-0033 | www.onlinehsa.com
CA License OB82067



Business Owners Insurance Premium Questionnaire

Property Information:

Year Building Was Built: _____

Number of Stories: _____

Total Square Footage of Building: _____ Do you own the building? Y/N

Square Feet Occupied by your Business _____

Sprinkler System? YES/NO Alarm System? YES/NO

Type of Construction: ___Frame ___Masonry ___Metal

Coverage Information:

Previous or Current Carrier: _____

Expiration Date : _____

Premium Paid: _____

Business Personal Property Limit Requested: _____

Liability Limit Requested: _____

Building Limit Requested (If Owner of building): _____

Workers Compensation Insurance Requested: YES/NO

SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

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