



# Business Policy Questionnaire

## General Information

Named Insured:

DBA:

Contact Name:

Phone:

Email:

Mailing Address:

Location Address:

Type of Ownership (corporation, individual):

Date Business Started: (If less than 3 years, years of management experience)

Description of Operations:

Property Management:    Y        N

    If yes, what % of revenue is attributable to Property Management Services

Escrow: Y        N        Mortgage: Y        N

## Coverage Details

How many people in your firm?:

Annual Revenue:

Do you sell tract homes? Y        N

Value of Business Personal Property (desks, computers, etc):

**EMAIL FORM TO : [realcarequotes@nfp.com](mailto:realcarequotes@nfp.com)**

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