



# Clients' Property Questionnaire

Application is hereby made by \_\_\_\_\_

Principal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Effective Period \_\_\_\_\_ to \_\_\_\_\_

Limit of Insurance \_\_\_\_\_ Deductible \_\_\_\_\_

## General Information

1. What is the name of the client(s) you will be working for? \_\_\_\_\_

2. What type of work will be performed for your client(s)? Please provide details below:  
\_\_\_\_\_  
\_\_\_\_\_

3. If this coverage is required by a specific contract, what is the expected start date and completion date of the contract? \_\_\_\_\_  
Please attach a copy for our review.

4. Total number of employees: \_\_\_\_\_ How many employees will be on the premises of your client(s)? \_\_\_\_\_

5. Will you have access to clients' money, securities, banking systems, wire transfer systems or any sensitive computer data? **Yes** **No**  
   
**If yes**, please provide details below: \_\_\_\_\_  
\_\_\_\_\_

6. Will you have restricted access to physical area of clients' premises by keycards, locks, etc.?

7. Will you be performing your services during normal business hours (i.e. 9:00am - 5:00pm)?

8. Will your employees be supervised and/or monitored by your client(s) when performing services on their premises?

9. Will your employees be required to wear I.D. badges or carry special identification in order to identify themselves as "non-employees"?

10. Do you perform background checks on your employees, including personal references, past employment references, criminal records and drug testing?    
**If no**, please explain below: \_\_\_\_\_  
\_\_\_\_\_

11. Do you have any knowledge of an employee stealing from a client that may give rise to claims for the previous 5 years?    
**If yes**, please provide comments or an attachment to include a description of the loss, amount of the loss, and corrective action taken. \_\_\_\_\_  
\_\_\_\_\_

**General Information *Continued***

12. Your Financial Status as of _____ (latest FYE):	Total	% Change from prior year	
a. Annual Gross Assets			
b. Annual Gross Sales			
c. Net Income			
d. Net Worth/Equity			
e. Are your financial statements audited by a public accountant?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**NOTICE TO APPLICANTS:**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_