



Skylands Insurance Group

Business Insurance Annual Questionnaire

Named Insured Business:

Thank you for placing your business insurance with Skylands Insurance Group. It is important to periodically review your current insurance policies to confirm that your coverage and limits meet your business needs. To assist us with this review, please take a few minutes to complete and return this questionnaire.

BUSINESS OPERATIONS	Yes	No	Explain
Has your company engaged in any new products or services in the past two years?			
Have you had a change in business operations such as expansion to another state?			
Have you discontinued any operations?			
Have you changed the nature or scope of your business?			

BUSINESS PROPERTY	Yes	No	Explain
Have you purchased, leased or acquired any new locations or property (including vacant land)?			
Have you vacated any previously occupied locations?			
Does the business own a drone? For what use?			
Have you made any major capital expenditures?			
Does your building and property limits on your policy accurately reflect the cost to replace the specified property at today's costs?			
Have you entered into any leases or mortgages on your business property?			

BUSINESS OWNERSHIP	Yes	No	Explain
Have you paid off or disposed of any major capital assets?			
Have you entered into any new mergers, joint ventures, new corporations/partnerships in the past year?			
Has the company ownership changed in the past 2 years?			

COMMERCIAL AUTO	Yes	No	Explain
Have you changed your vehicle schedule?			
Any changes in your list of drivers?			
Have you modified eyour vehicles?			
Do you want to increase or change any coverage?			

COMMERCIAL GENERAL LIABILITY	Yes	No	Explain
Do you feel that your liability limits are adequate?			
Your policy may be audited. Have your payroll or sales changed?			
Do you carry any business insurance policies other than the ones written through Skylands Insurance Group?			

WORKER COMPENSATION	Yes	No	Explain
Do you have any employees that are not covered by workman's compensation?			
Your workman's compensation will be audited, have your payrolls changed significantly?			
Do you have employees that work in another state?			
Do employees work from home?			

Skylands Insurance Group offers enhanced insurance products and coverages that may not be included in your current insurance portfolio. These coverages will minimize potential insurance gaps. Please indicate below if you are interested in discussing any of the following:

	Flood		Professional Liability
	Earthquake		Employment Practices Liability
	Inland Marine Floater		Directors & Officers Liability
	Umbrella/Excess Liability		Kidnap & Ransom
	Equipment Breakdown		Personal Homeowners Insurance
	Employee Dishonesty/Bonding		Personal Condominium Insurance
	Foreign Liability		Personal Tenants/Renters Insurance
	Fiduciary Liability		Personal Automobile Insurance
	Cyber Liability		Personal Watercraft/Boat Insurance
	Building Ordinance		Life Insurance
	Pollution Liability		Recreational Vehicles/Watercraft

Other Coverages/Specify: _____
 Any other changes we should know about? _____

DATE: _____ YOUR SIGNATURE: _____

Print Name _____

Business Name _____

Please provide the following information and indicate your preferred method of contact.

BUSINESS PHONE NUMBER: _____ MOBILE PHONE NUMBER: _____

EMAIL ADDRESS: _____

We appreciate you taking the time to complete this questionnaire. Please remember to sign and return this document to us by mail, fax at **973-347-2597** or email **info@skylandsgroup.net**.

Upon receipt, we will review your questionnaire, update our records and contact you if necessary. If we do not receive a completed questionnaire from you, the insurance carrier will renew your policies based on existing information on file and we will assume there are no changes to be made.

Thank you for continued business and support.
 Sincerely,



Rhonda Linnett Graber, CIC, CPRM
 President
 Skylands Insurance Group