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ENTERTAINMENT QUESTIONNAIRE

For Property, Equipment, Liability, Workers Comp, DBL, Health

Business Name _____
 Business Address _____
 Mailing Address _____
 Phone _____ Fax _____ Email _____
 Years in Business _____ Experience in Field _____
 Owner's Name _____ FEIN or SS# _____

PROPERTY:

Building Limit _____ Personal Property Limit _____
 EDP Limit _____ Negative Film Limit _____ Bldg Age _____
 Construction _____ # of Stories _____ Other Occupants _____
 Circuit Breakers(Y or N) ___ Fire Alarm (Y or N) ___ Central Station (Y or N) _____
 Burglar Alarm (Y or N) ___ Central Station (Y or N) ___
 Hours of Operation _____ Sq Ft You Occupy _____

LIABILITY:

Type of Business/Specialty _____
 Annual Sales _____ Annual Payroll Excluding Owners _____
 # of Full Time Employees _____ # of Part Time Employees _____ # of Owners _____
 Off Premises Work _____
 Do You Carry Professional Liability (Y or N) ___ Insurance Carrier? _____
 Current General Liability Limit's _____

GENERAL:

Current Insurance Carrier _____ Premium _____
 5 Year Loss History _____
 Any Bankruptcy (Y or N) ___ Current Liability Limits _____
 Owner's Signature _____

Contact Jack Condon Entertainment Division
T: 212-566-1881 Ext 114 or jcondon@bfbond.com

Fax this questionnaire before you renew or pay your next premium