



Eton Bridge Insurance & Financial Solutions

Commercial Lines New Business Questionnaire

Company Information	
Contact Name	
Business Name	
Phone	
Email	
EIN Number	
Location Address	
Mailing Address (if different)	
Desired Effective Date	
Description of Operations	
Years in Business	
Current Insurance Company	
Any Losses/Claims	
Location Information	
Desired Coverage Amount for Building	
Contents Amount	
Year Built	
Square Feet	
General Liability	
Limit of General Liability Desired	
Annual Revenue	
Number of Employees (Part-time/Full-time)	
Any Subcontractors If yes, explain their duties and the amount for their services	
Annual Payroll	
Automobile	
Number of vehicles	
Year, Make, Model of all vehicles	
All Drivers Names, Date of Birth and Driver's License numbers	