



## Contact Information

Business Name: \_\_\_\_\_

What type of business do you own? (e.g. Barber, Florist, etc.) \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Primary contact, if other than owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

In running my business, I prefer to be contacted by:

- Phone                       Email                       Text Message

Do you currently have insurance for your business?

- Yes                       No

How long have you owned your business? \_\_\_\_\_

How is your business structured?

- Sole Proprietorship       Corporation               General Partnership       Limited Partnership  
 (LLC)/(PLC)/PLLC       Association

How many employees do you have? \_\_\_\_\_

Do you have a business succession plan?

- Yes                       No



### Property

Does your business lease property, own property, or do you work out of your home?

- Lease                       Own                       Home Based Business

How many properties do you own or lease for your business?

- 1                       2-3                       4-5                       6 or more  
 none

### Auto

Do you rent or own any company vehicles?

- Yes                       No

If so, how many company vehicles do you rent or own?

- 1                       2-3                       4-5                       6 or more  
 none

Are you the only licensed driver? If not, how many licensed drivers do you have?

- 1                       2-3                       4-5                       6 or more  
 none

### Enterprise Risk

Do you also need help with any of the following? Check all that apply:

- Health Care & Benefits                       Human Resources                       Energy Efficiency                       Technology & Data Backup  
 Data Backup                       Website Support                       Marketing                       Legal  
 Business Succession Planning/Executive Benefits                       Other: \_\_\_\_\_

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## Contact Your Agent



Your Allstate Agent: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Allstate agents are small-business owners just like you. What are some of the challenges you face as a small-business owner? How can we help?

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This questionnaire is intended to highlight some of the factors and issues that you may want to consider when it comes to your insurance needs. Only you can decide what's best for your unique situation – we will not make any changes to your current coverages based on the information you provide in this questionnaire. After completing the questionnaire, we encourage you to meet with us so that we can assist you in reviewing your insurance needs and developing strategies to help you meet those needs.

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