

# Risk Assessment Questionnaire

Risk Assessment	
Named Insured	
Mailing Address	
Location Address	

General Questions	
Federal Identification Number	
Phone (business, Cell)	
Fax	
Email	
Website	
Year Business Started	
Years Experience	
Description of Operations	
Prior Insurance	
Claims	
Insurance Contact	
Gross Receipts	
Payroll	
How did you hear about our office?	

Completed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_