



CHENANGO EXCESS AND SURPLUS INC
PO Box 460
Hancock NY 13783
Tel: 800-403-3738 Fax: 607-637-2828

COMMERCIAL PROPERTY INSURANCE QUESTIONNAIRE

1) Name and Address:

2) Number of Years in Business _____

3) Location(s) Address (s) inc Zip Code, if different from above:

4) Description of Operations:

5) Year of Construction _____

6) Number of Stories _____

7) Protection Class _____

8) Type of Construction _____

9) Updates to Utilities (which and year of updates) _____

10) Security:

Please provide full details of all Security including Fire and Burglar Alarms, Sprinkler Systems, Security Guards etc _____

11) Total Values:

Buildings US \$ _____ Contents US\$ _____

(Full details / breakdown of contents)

Other Interest (Please state type of Interest, and T.I. V of each)

12) Perils / Coverage required: _____

13) Limits and Deductibles Required. _____

Buildings US\$ _____ Contents US\$ _____

Others US\$ _____ US\$ _____

US\$ _____ US\$ _____

14) 5 Years Loss Record

Please provide Date of loss, Type of Loss, Precautions to prevent similar future losses (if any applicable) and Amount of Loss before application of any deductibles.

15) Please provide any additional available Underwriting Information

PLEASE PROVIDE SEPARATE INFORMATION FOR ALL INSURED LOCATIONS