

ARGUS INSURANCE NEW CLIENT QUESTIONNAIRE

www.argusinsurance.com

Thank you for considering **Argus** for your business insurance. In order for us to determine if we can assist you, please complete the following information and return it to our closest office.

Your information will be reviewed to determine if we have a company that can meet your insurance requirements. Completion of this form does not guarantee an actual quote of insurance, nor is any coverage in place unless agreed upon by both parties and premium paid. **We do not write bonds without other business for an individual.** We will contact you by phone within 2 business days of receiving the information.

Business Name: _____

Business Address: _____

Person to Contact: _____

Phone # _____ Fax # _____ Email _____

Please put an asterisk (*) next to your preferred choice of contact method

Please provide a detailed description of your organizations operations: _____

How long have you been in business? _____

How have you organized your business? (Individual, Corporation, Partnership, etc.) _____

Please summarize prior business or work experience if this is a new venture. *Use back of form as necessary.*

Please complete all that apply below.

Who provides your current business insurance?

- Present Agent and Insurance Company _____
- Years with present agent _____ Expiration date _____
- Current annual insurance premium _____
- Has your coverage ever been cancelled or non-renewed? _____

415 N 2nd Street, Yakima, WA 98901 Phone (509)248-2672 Fax (866)332-7487
821 E Broadway, Suite 11, Moses Lake WA 98837 Phone (509)765-3424 Fax (866)332-7487
910 E Franklin, Suite 2, Sunnyside, WA 98944 Phone (509)837-3711 Fax (866)332-7487
1206 Dolarway, Suite 114, Ellensburg, WA 98926 Phone (509)925-5776 Fax (866)332-7487

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Who provides your current professional insurance? (For example, errors & omissions, medical professional liability, directors & officers liability, accountant's professional liability, etc.)

- Present Agent and Insurance Company _____
- Years with present agent _____ Expiration date _____
- Current annual insurance premium _____
- Has your coverage ever been cancelled or non-renewed? _____

Who provides your current insurance for your employee benefits? (For example, group medical, group disability, group life, group dental, etc.)

- Present Agent and Insurance Company _____
- Years with present agent _____ Expiration date _____
- Current annual insurance premium _____
- Has your coverage ever been cancelled or non-renewed? _____

Who provides your current personal home and auto insurance?

- Present Agent and Insurance Company _____
- Years with present agent _____ Expiration date _____
- Current annual insurance premium _____
- Has your coverage ever been cancelled or non-renewed? _____

Who provides your current personal life and health insurance?

- Present Agent and Insurance Company _____
- Years with present agent _____ Expiration date _____
- Current annual insurance premium _____
- Has your coverage ever been cancelled or non-renewed? _____

Other current insurance or coverages you would like us to review?

- Type of other insurance or coverage _____
- Present Agent and Insurance Company _____
- Years with present agent _____ Expiration date _____
- Current annual insurance premium _____
- Has your coverage ever been cancelled or non-renewed? _____

If any insurance being applied for has been cancelled or non-renewed, please explain why.

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How did you decide to contact Argus?

Why are you interested in changing agents?

Who else has been invited to quote on your coverages? We ask this so we do not approach an insurance company that may already have a quote request from another agent.

- Total number of quotes being sought _____
- Quotes already received _____
- Names of agents and companies quoting _____
- Deadline for quote _____

Please provide any other information below you feel is pertinent to your protection needs.

Thank you for providing this information. We don't just sell policies, we serve clients. We only ask that we can serve *all* your insurance protection needs.