



MALONEY & COMPANY, LLC

The Art of Risk Management

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Accountants Business Owners Policy Questionnaire

1. Firm Name:

_____ Today's Date _____

Address: _____
Street City State Zip

In which county is this?: _____ Professional License No: _____

Email: _____ Firm's Tax ID Number: _____ Years in Business: _____

*Does the Firm have more than one location? Yes No Website: _____

**If yes, please complete a separate form for each location*

Annual Gross Receipts: \$ _____ Hours of Operation: _____ to _____

- Professional Association
- Sole Proprietorship
- PC
- LLC or LLP
- Partnership
- Other _____

Number of people work for the firm, including principals: Full Time: _____ Part Time: _____

2. Location Information (please fill out all fields to the best of you ability):

Is the Firm located in (please check one):

- a home
- an office in which you are a tenant
- an office in a building that you own*

*If you chose option 3, what is the replacement cost of the building? \$ _____

Also, what percentage of the building do you occupy? _____ %

Number of Stories of Your Building: _____ Sq. Footage of Your Building: _____

Is Your Building Sprinklered? Yes No Sq. Footage of Your Office: _____

Approximately:

-when was your building built? _____

-when was the roof replaced/updated? _____

-when was the electrical system updated with circuit breakers and three-prong grounded outlets? _____

-when was the HVAC system replaced/updated? _____

-when was the plumbing system replaced/updated? _____

Type of Construction: _____
(e.g., Fire Resistive, Masonry Non-Combustible, Non-Combustible, Joisted Masonry, Frame)

Other occupancies (if any) in your building: (e.g., other offices, mercantile, restaurant):

Is your office within 1,000 feet of a navigatable body of water? Yes No

What is the distance from your building to the nearest fire hydrant? _____

What is the distance from your building to the nearest fire department? _____

Does your office have a burglar alarm or fire alarm (if so, which)? _____

3. Office Contents Information:

Cost to replace all the contents of your office that you own, NOT including computers*: \$ _____
**This figure should include office contents, leased equipment for which you are responsible, plus the cost of any office improvements that you paid for and for which you should be reimbursed if they were destroyed*

Cost to replace all computers (including printers, work stations, server, etc.)? \$ _____

Do you have an artwork, antiques or collectibles in your office for which you would like coverage?
 Yes No *If Yes, please describe:*

Have you had a property insurance policy or general liability insurance policy over the past three years?
 Yes No

Have you ever had claims under a property insurance policy or general liability insurance policy?
 Yes No *If Yes, please describe:*

Do you have any pieces of equipment that are taken out on client visits?
 Yes No *If Yes, please list them below and give their approximate values:*

Piece of Equipment	Approximate Value
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Notes or Additional Information

To the best of my knowledge, these responses are accurate, true, and complete.

Signed: _____ **Date:** _____

After the form is completed, please fax or email it back to us.
Fax: 800-720-5349
Email: Mail@MaloneyLLC.com