

## AUTO REPAIR QUESTIONNAIRE

Business Name and Address: \_\_\_\_\_

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1) Do own your building? \_\_\_\_\_

A) If yes, how much coverage do you need on the building? \$ \_\_\_\_\_

2) What are the walls of your building made of? \_\_\_\_\_

3) What is the roof constructed out of? \_\_\_\_\_

4) How old (approximately) is the building? \_\_\_\_\_ years.

5) How much coverage do you need for your Business Personal Property including tools?

\$ \_\_\_\_\_.

Do you wish to include coverage for employee's tools on premises? \_\_\_\_\_

6) How many full time employees do you have? \_\_\_\_\_, part time? \_\_\_\_\_

Are any of these purely clerical - no estimation either;

7) What are your current limits of Liability Coverage? (Please circle one)

\$ 100,000.    \$ 300,000.    \$ 500,000.    \$ 1,000,000.

8) What size deductible are you comfortable with? \$ \_\_\_\_\_

9) How much coverage do you need for customers cars in your care? \$ \_\_\_\_\_

10) Who is your current coverage with? \_\_\_\_\_, Premium: \$ \_\_\_\_\_

11) Estimated Gross annual sales: \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

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

*If you have them, an employee list including name, date of birth and driver's license numbers would be great but is not required.*

***Please return to:***

Covenant Insurance Agency, LLC.

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