

The Classification Survey is used to obtain a detailed description of an insured's business operation so that an appropriate class code(s) can be determined.

Instructions for Completing a Class Code Survey Questionnaire

Combo/Coverage ID – For Bureau use only.

Employer – List the name of insured as shown on the policy.

Legal Status - List the legal status as shown on the policy.

Mailing Address – List the address that is shown on the policy under the named insured.

Physical Address – List the physical location of the business operation.

Employer Contact Name – List the name of the person that should be contacted in the event we need to speak with someone.

Contact Title – List the title of the contact person, i.e.: President, Secretary.

Interviewer – For Bureau use only.

Date – List the date the questionnaire was completed.

General Information

Explain each question answered affirmatively.

Please answer each question as thoroughly as possible. If additional room is needed please attach a separate sheet.

Exception Questions

Please answer each question as thoroughly as possible. If additional room is needed please attach a separate sheet.

Primary Business Operations

Please provide a detailed description of the overall business operations. If additional room is needed please attach a separate sheet. If you have any additional information you believe will assist us with determining the appropriate class code(s), such as, a brochure, please submit along with the report.

Secondary Business

Please answer each question as thoroughly as possible. If additional room is needed please attach a separate sheet.