



# Business Insurance Coverage Worksheet

Insurance Agent: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Insurance Policy Information

Type of Insurance	Policy No.	Deductible	Policy Limits	Coverage (General Description)

Do you need Flood or Earthquake Insurance?

Do you need Business Income and Extra Expense Insurance?

Other disaster related insurance concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed form should be maintained as part of a Business Continuity Plan or Corporate COOP (**C**ontinuity **O**f **O**perations)