

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.