

Supplemental Questionnaire – Business Interruption

(This must be completed in addition to the General Supplemental any time business interruption coverage is requested.)

Named Insured: _____

Business Interruption coverage requires the following: a fully completed BI worksheet, past year annual and if applicable, mid-term financials, a copy of your written business interruption plan and a satisfactory telesurvey. **We require a minimum of forty-five days lead time for the telesurvey** (If your plan involves moving to another facility to continue your operations, please provide a copy of your fully executed reciprocal agreement with the entity you have partnered with).

Confirm the following is attached:

☐ Written continuity plan ☐ Completed business interruption worksheet ☐ Financials

Telesurvey contact information:

Name: _____

Phone number: _____ Email: _____

Please check all that are applicable:

- ☐ General spare parts kept on hand ☐ Critical spares kept on hand
☐ Backup Machinery ☐ Backup Motor(s)
☐ Agreement with another entity to continue your operations at their premise
☐ Ability to do the identical operations at all owned locations

Please list the origin and lead time to obtain any machinery spare parts not on hand:

Part	Mfg. country	Lead time

In the event of a loss fully disrupting your operations, **what is your projected time to be fully operational again?**

Prepared by: _____ **Title:** _____ **Date:** _____

Applicant's Signature: _____