

West Virginia Board of Risk and Insurance Management
Liability Insurance Questionnaire
Instructions

Getting Started: To find the questionnaire go to our website at www.state.wv.us/brim/. Click on Underwriting and then choose Renewal Questionnaire. At the next screen you will enter your FEIN and in lower case letters the password **wvbrim**. You will then see a list of your accounts. Select the icon to *Edit the Questionnaire* by the account that you would like to complete.

Please note that if you are an agent responsible for property for a Board of Education, you will need to use their FEIN to access the account.

Part 1 General Information – Please complete all information except for the fields that are gray. Changes to areas that are gray need to be faxed or emailed to our office.

Part 2 Vehicle Exposure – You no longer need to complete this section. This section will automatically be updated when you complete Part 3.

Part 3 Insured Distribution List of Vehicles/ Mobile Equipment – Please list all owned and leased vehicles and mobile equipment. Be sure to add the Make, Model, Year, Type of Exposure, Vin number, appropriate code for vehicle use and then click on the green check mark icon to the left to accept the vehicle. **You will be required to click on the green button after each vehicle is added in order for the vehicle to be saved to your list.**

Please note that if you have several vehicles, each time you select add a vehicle, the new box will appear at the bottom of the list. In order to expedite the process, hit the End button on your keyboard and you will be taken to the bottom of the list.

Vehicle Exposure has to be completed for each item listed in order for Part 2 to match Part 3. If these two sections do not match, you will receive a phone call from our office asking that you go back and review your entries.

Part 4 Employee Exposures – Enter the current number of Officers, Directors and **Full Time** employees. If the account has medical professionals, you will need to submit a separate list to BRIM including their name, degree or specialty, average number of hours served per week as employee, volunteer, or subcontractor. Also include a brief description of their duties performed and if they are insured elsewhere for their medical professional activities. Please provide the name of the insurer. Please remember to enter “0” in any empty fields that do not have a total.

Part 5 Revenue and Expenditures for the last year – Please complete all requested information. Figures should be rounded to the nearest dollar and should not include commas or \$ signs. Example: 475,553.51 should be listed as: 475554

Part 6 Other Exposures (known and/or anticipated) – Please complete all requested information. Please remember to enter “0” in any empty fields that do not have a total.

Part 7 Agent Information (to be completed by the agent of record for this account) – Please complete all requested information.

Part 8 BRIM Liability Exposure Information – Please answer yes to anything that applies to your agency. If you mark yes on one of the questions, you will be required to complete the additional information that is requested.

Part 9 Request for Property Insurance (Form RMI-20) – Please review each location and make sure that the values on the structure/contents are adequate. Add any location that is not listed by selecting the *Add RMI-20* button at the bottom of the list. Select the garbage can icon if you wish to delete a particular location.

All fields need to be completed. If not, a message will appear in red and ask you to **Please Select** when you select the Update Form Icon to move on to Part 10.

Figures should be rounded to the nearest dollar and should not include \$ signs, spaces, commas or cents. Example: 475,553.51 should be listed as: 475554

Part 10 Medical Service Providers Supplemental Questionnaire – Please complete all requested information if medical exposure exists.

Additional Information:

Save and go back – with this feature you will be able to save the information that you have entered and go back and review the previous sections that you have already completed.

Save and continue – use this feature after you have completed a section in its entirety. This feature will take you to the next section of the questionnaire.

Review and Submit – this button can be found at the end of Section 10 and at the bottom of the left column of the webpage. After this button has been selected, it will take you to a new page that says Review and Submit Form. This page will notify you of any sections that still need to be completed or it will give you the option to press the button **Submit Questionnaire**.

Return to List – this button can be found at the bottom of the left column of the webpage. This feature will allow you to view a list of questionnaires that you have already completed or submitted. If you would like to make a change or update information, you can do so by pressing the edit button beside the name of the entity.

Please make sure to complete the entire form. If a question does not pertain to an insured, please answer the question with a “0”. Many fields on the questionnaire are required fields and if they are not answered, you will be prompted to do so after you hit the submit button.

Print – In order to print a copy of your completed questionnaire, hit the Return to List button after submitting your questionnaire and hit the printer icon beside of the account.

If you should have any questions or need assistance with the questionnaire, please call our office at 304-766-2646 and speak to someone in the Underwriting Department.