

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

**Getting Started:** To find the questionnaire go to our website <https://wv.erims2.com>. At the next screen you will enter your username and either enter your password or complete a password reset. You will then click the search button and a list of your questionnaires will populate. Select the questionnaire you wish to access and click to enter it.

**Part 1 General Information** – Please complete all of the information for the insured, except for the fields that are gray. Changes to areas that are gray need to be emailed to someone in our Underwriting Department.

**Part 2 Vehicle Exposure** – 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 VIN, Make, Model, Year, Vehicle Exposure, Vehicle Type, and then click save.

*Vehicle Exposure & Type 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 full year** – Please complete all requested information. Figures should not include commas or \$ signs. Please note, the information being requested is for the last full year. So, if their fiscal year runs from July 1 through June 30, then they should use their information as of June 30, 2024. If their year runs from Jan 1 through Dec 31, then they should use their information from Dec 31, 2023.

**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 update your email address.**

**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 New* button at the bottom of the list. Select the remove option on the right if you wish to delete a particular location.

Please note that items such as fences, signs, light posts, etc. must be listed and valued to be covered. This may be of interest to you as you complete the Renewal Questionnaire.

All fields need to be completed. If not, a message will appear and list what still needs to be input.

Figures should not include \$ signs, spaces, or commas.

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

***Additional Information:***

**Save and Quit** – with this feature you will be able to save the information that you have entered and return to it later on to finish.

**Save and Previous** – use this feature after you have completed a section in its entirety. This feature will save your current section, but take you back to the previous section.

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

**Submit** – this button can be found at the bottom of each section. After this button has been selected, it will submit your questionnaire figures. This button will notify you of any sections that still need to be completed if this is the case when you select it.

**Cancel** – this button will take you out of the current questionnaire and not save anything input in the current section.

**Print** – In order to print a copy of your completed questionnaire, please select the print button. 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.