

Customer Information: Referred by: _____

Legal Name _____

Street/City/St/ZIP _____

Phone: _____ Fax _____ Email _____

Best time & method to contact you? _____ Fed ID # _____

Years in Business _____ Years Experience _____ Number of Locations: _____

Describe your Business Operations: _____

of Employees _____ Legal Entity: Corp ___ Individual ___ Partnership ___ LLC ___

Property Insurance Information:

Location address: _____

Square Footage you occupy _____ Alarm Type: _____ Construction _____

Number of Stories _____ Sprinkler System _____ Total Bldg Square Footage _____ Basement? _____

Building Limit: \$ _____ Contents Limit \$ _____ Deductible \$ _____ Year Built _____

If building is older than 25 years, please indicate when, if at all, the roof, plumbing, heating and wiring were updated _____

Liability Insurance Information:

Business Liability Limit \$ _____ Do you have a Business Auto Policy? _____

Gross Annual Sales/Receipts \$ _____ Any other Entities to be covered? _____

| Annual Exposures by Classification | Type of Work | Payroll | Sales |
|------------------------------------|--------------|----------|----------|
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |

Describe Subcontracted Work (by type) and Annual Amount paid to subcontractors:

| Type of Work | Cost |
|--------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Inland Marine Information:

Miscellaneous Tools & Equipment Total Value \$ _____

Scheduled Equipment Total Value \$ _____

Leased or Rented Equipment \$ _____

Commercial Auto Information:

Limit of Liability \$ _____

Comprehensive Deductible \$ _____ Collision Deductible \$ _____

Vehicle Information

| Year | Make | Model | VIN |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Driver Information

| Name | Date of Birth | License Number |
|-------|---------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you aware of any tickets or accidents in the last 5 years for any driver? _____

Work Comp Information:

Limits: _____ Current Experience Mod _____

| Annual Exposures by Classification | Type of Work/Class Code | Payroll |
|------------------------------------|-------------------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Prior Carrier Information:

Current Insurance Carrier _____ Expiration Date: _____

Current Premium(s) \$ _____

List any claims you may have had in the past 3 years:

Date: _____ Description _____ Amt Paid \$ _____

Date: _____ Description _____ Amt Paid \$ _____

Remarks: _____