



GENERAL INFORMATION

Named Insured: _____

DBA Name (if any): _____

Nature of Business/Operations: _____

Contact Name: _____

Mailing Address: _____

Title: _____

Daytime Phone: _____

City: _____

Email: _____

State: _____

Website: _____

Zip Code: _____

Number of Years in Business: _____

Have there been any losses in the past 5 years?

FEIN #: _____

Yes No (3 year loss runs required, if applicable)

- Individual Partnership Corporation Joint Venture
- Non-Profit Subchapter S LLC

PRIOR CARRIER INFORMATION

Policy term: _____

Proposed effective date: _____

Target Premium: _____

EMPLOYEE INFORMATION

Total Number of Employees: _____ Please list all employees below. If total number exceeds 7, please [use this worksheet](#).

Name: _____ Job Title: _____ Part Time Full Time Driver: Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time Driver: Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time Driver: Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time Driver: Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time Driver: Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time Driver: Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time Driver: Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time Driver: Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

LOCATION INFORMATION**LOCATION 1** Same as Mailing AddressAddress: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Are you the Building Owner? Yes No

Are you a Tenant? Yes No

Are there other tenants in your building(s)? Yes No
If Yes, describe operations, protection, etc.:

Need Tenants, Betterments, Improvements Coverage? Yes No

Value: _____

Are there any additional insureds? Yes No
If Yes:

Name: _____

Address: _____

Insurable Interest: _____

Requested Limits:

Building: _____

Business Personal Property: _____

Business Income: _____

Construction (check all that apply):

Frame Joisted Masonry Non-Combustible

Masonry Non-Combustible Fire Resistive

Building Square Footage: _____

Number of Stories: _____ Year Built: _____

Year of Last Update: Electrical Plumbing

Roofing Heating Other

Any History of Flooding/Water Back-up? Yes No
If Yes, explain: _____

Distance to Fire Hydrant: _____ feet

Distance to Fire Station: _____ miles

Note Adjacent Exposures: _____
(distance, type of exposure, etc.)Central Station Fire Alarm? Yes No
(Mandatory)Central Station Burglar Alarm? Yes No
(Mandatory)Is the Building Sprinklered? Yes No
(percentage)**Deductible:**

\$1,000 \$2,500 \$5,000 Other _____

LOCATION 2 Same as Mailing AddressAddress: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Construction (check all that apply):

Frame Joisted Masonry Non-Combustible

Masonry Non-Combustible Fire Resistive

Building Square Footage: _____

Number of Stories: _____ Year Built: _____

LOCATION 2 CONTINUED

| | | | |
|--|-----|----|--|
| Are you the Building Owner? | Yes | No | Year of Last Update: Electrical _____ Plumbing _____ |
| Are you a Tenant? | Yes | No | Roofing _____ Heating _____ Other _____ |
| Are there other tenants in your building(s)? If Yes, describe operations, protection, etc.: | Yes | No | Any History of Flooding/Water Back-up? Yes No If Yes, explain: _____ |
| _____ | | | Distance to Fire Hydrant: _____ feet |
| _____ | | | Distance to Fire Station: _____ miles |
| Need Tenants, Betterments, Improvements Coverage? | Yes | No | Note Adjacent Exposures: (distance, type of exposure, etc.) _____ |
| Value: _____ | | | |
| Are there any additional insureds? If Yes: | Yes | No | Central Station Fire Alarm? Yes No (Mandatory) |
| Name: _____ | | | Central Station Burglar Alarm? Yes No (Mandatory) |
| Address: _____ | | | Is the Building Sprinklered? Yes No (percentage) |
| Insurable Interest: _____ | | | |
| Requested Limits: | | | Deductible: |
| Building: _____ | | | \$1,000 \$2,500 \$5,000 Other _____ |
| Business Personal Property: _____ | | | |
| Business Income: _____ | | | |

ADDITIONAL COVERAGE CHECKLIST

Are you interested in any of the following?

- Umbrella Coverage
- Workers Compensation Coverage
- Directors & Officers Coverage
- Crime Coverage
- Cyber Coverage
- EPLI Coverage

How did you hear about us?

- Referral
- Magazine
- Field Sales
- Internet
- Other _____