

COMMERCIAL APPLICANT INFO

Requested Effective Date: _____ Agent: _____

All Named Insureds: _____

Mail Address: _____

Primary Contact: _____

Ph: _____ Email: _____

Business Name: _____

Corporation Sole Proprietor LLC NonProfit Joint Venture Partnership S Corp Trust

FEIN/SS#: _____ Date Bus. Started: _____

Address: _____

Description of business operation: _____

Annual Gross Revenue: _____ #FT Emp's: _____ #PT Emp's: _____

of Subcontractors: _____ Annual pay to subs: _____ COI's obtained: Yes / No

Current Carrier: _____ How long: _____

Claims: _____

Other helpful items:

NOTES:

*Loss Runs

*Dec pages

*Website address

*Company brochures

*Any hold harmless agreements

*Any waivers

PROPERTY

(Complete for each building)

Building____ of ____

Location address:

Vacant Land 

Street City/Zip

County Township Fire Station

Name on deed if different from insured: _____

Construction type: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible

#of Stories:_____ Roof type:_____Roof year:_____

Elec. year:_____Breaker Box: Yes / No ** HVAC Year:_____Plumbing year:_____

Sprinklers: Yes / No **** Alarm System: Burglar Fire Both Monitored: Yes / No

Occupancy: Owner Tenant Vacant Other:_____

Mortgage or Add'l Insureds: _____

| | Coverage | Coinsurance | Deductible |
|-------------|----------|-------------|------------|
| Building: | _____ | _____ | _____ |
| BPP: | _____ | _____ | _____ |
| Bus. Income | _____ | _____ | _____ |

Circle any additional coverages wanted:

Earthquake Equip Breakdown Water Backup Spoilage Builders Risk Mine Sub

Other:_____ Notes:

Crime – (Outside BOP)

| | Limit Requested |
|---|-----------------|
| <input type="checkbox"/> Employee Dishonesty | _____ |
| <input type="checkbox"/> ERISA | _____ |
| <input type="checkbox"/> Forgery or Alterations | _____ |
| <input type="checkbox"/> Theft of Money & Securities – Inside | _____ |
| – Outside | _____ |
| <input type="checkbox"/> Robbery or Safe Burglary | _____ |
| <input type="checkbox"/> Computer Fraud | _____ |
| <input type="checkbox"/> Funds Transfer Fraud | _____ |
| <input type="checkbox"/> Money Orders & Counterfeit Currency | _____ |

Inland Marine

| | Limit Requested |
|--------------------------------------|-----------------|
| Contractor's Equipment | |
| Scheduled | _____ |
| Unscheduled | _____ |
| Electronic Data Processing Equipment | |
| Scheduled | _____ |
| Unscheduled | _____ |
| Miscellaneous | |
| Installation Floater | _____ |
| Motor Truck Cargo | _____ |
| Other | |

General Liability

Primary Operation: _____

(\$1,000,000 each occurrence will be quoted unless higher limits are wanted.)

Higher limit wanted: _____

Any other business pursuits where GL is in place: Yes / No

Explain: _____

Insurance Carrier: _____

GL limit on that policy: _____

Annual Gross Sales: _____ Annual payroll: _____

Additional Insured (s) other than building owner: _____

Other options:

Employee Benefits Employment Practices Data/Cyber Security Hired/Non-owned auto

Directors & Officers Fiduciary Professional/Errors & Omissions Blanket Add'l Insureds

Other: _____

IS AN UMBRELLA QUOTE WANTED ?

Amount: _____

Notes:

BUSINESS AUTO

BI / PD CSL: _____

Med Pay: _____

Comp Ded: _____

Coll Ded: _____

UM/UIM/UMPD: _____

Hired/Non-Owned Liability: Yes / No

Hired/Non-Owned Phys Damage: Yes / No

Drivers: Please attach the list of drivers and include the following info for each.

Name

Date of Birth

Drivers license #

Marital Status

Vehicles: Please attach the list of vehicles and include the following for each.

Year

Make

Model

Vin#

Value

NOTES:

Workers Compensation

List all job classes and payroll for that class individually. (Do not include officers, partners, owners or members)

Example: Tree trimming = \$20,000
Trash hauling = \$10,000
Exterior painting = \$30,000
Etc..

Job Class: _____

Annual payroll: \$ _____

Job Class: _____

Annual payroll: \$ _____

Job Class: _____

Annual payroll: \$ _____

(If more than three – use backside of this sheet for additional classes)

Officers, Partners, Owners, Members to include/exclude

Name: _____ Include / Exclude

Name: _____ Include / Exclude

Name: _____ Include / Exclude

Limits wanted:

Each Accident: \$ _____ Policy limit \$ _____ Each Employee \$ _____

Other helpful info:

Experience Mod: _____

Deductible if desired: _____

Anniversary date: _____

NOTES: