



Effective Date: _____

Company Information

Company Name (First Named Insured) & Mailing Address (Including ZIP+4) FEIN or SOC SEC #
 Date Business Started (mm/dd/yyyy)
 Business Phone #
 Website Address

Entity Type: Individual Corporation "S" Corporation Trust
 LLC No. of Members and Managers: ___ Joint Venture Partnership Description Of Operations

Contact Information

Contact Name	Contact Type	Contact Name	Contact Type
Primary Phone #	Home Bus Cell	Secondary Phone #	Home Bus Cell
Primary Email		Secondary Email	

Prior Policy Information

Year	Company Name and Policy Number	Losses (Y/N)	Details	Driver Involved

Please provide prior 5 year loss runs

Requested Coverages

Commercial Property	General Liability	Workers Compensation*	Business Auto*
Motor Truck Cargo*	Shipper's Interest Policy*	Errors & Omissions*	Freight Legal Liability*
Contingent Cargo Liability*	Contingent Auto Liability*	Warehouse Legal Liability*	Employment Practices Liability*
Commercial Excess	Crime Insurance	Cyber Liability*	

*Supplemental application required

Location Information

Location # Building # Annual Revenues: Occupancy Type:
 Street Address Suite/Unit # City State Zip Code

Occupied Area (Sqft.) Total Building Area (Sqft.) Owner or Tenant No. of Owners / Officers on Premises: ___
 Area Leased To Others? Yes No

Additional Interest

Additional Insured	Mortgagee	Lienholder	Trustee	Loss Payee	Owner	Co-Owner
Name and Address:			Phone #	Reference / Loan #:		
			Email Address	Interest in Item #:		
				Item Description:		

Property Coverage

Construction Type:

Roof Type:

No. Stories:

Fire Alarm Type

Central Reporting

Local (Gong)

None

Security System Type

Central Reporting

Local Alarm

None

Percent of building sprinklered? _____

Year Built

Year Updated:

Electrical Wiring

Heating

Plumbing

Roof

Limits Requested

Building:

Tenants Betterments & Improvements:

Business Personal Property:

Equipment:

Business Income / Extra Expense:

Computers:

Description of Property Covered:

Commercial General Liability

Please choose the below coverages and limits on a per policy basis:

Liability Limit Requested:

Per Occurrence:

Annual Aggregate:

Deductibles:

Bodily Injury:

Property Damage:

Annual Amount Paid to Sub-Contractors:

Please answer the below questions in respect to **each location, when applicable:**

Location # 1 Building # 1

Do any salesperson(s) operate in or travel to outside locations for business purposes? Yes No

If **yes**, please provide the total annual payroll:

Warehouse Payroll:

Do you need insurance for any product while on a plane, boat, or third-party warehouse? Yes No

Do you use salesman's' samples? Yes No What are they and what is the value?

Can your products be subject to recall? Yes No Can your products spoil/contaminate? Yes No

Do you need sewer/water backup coverage? Yes No Do you need pollution coverage? Yes No

Automobile Coverage

List of owned vehicles (business vehicles only):

VIN #	Year, Make, Model	Garaged City, State, Zip	Cost New

List of Drivers:

Name	D.O.B.	Driver's License Number	State Licensed	Years of Driving Experience

Do any employees use their personal vehicles for business use? Yes No

If yes, please explain:

Worker's Compensation

Loc #	Class Code	Payroll	State	# of Employees	Exp Mod	Desired W/C Limits
						Each Accident \$:
						Each Disease \$:
						Each Employee \$:
						Stop Gap \$:

I hereby confirm the information provided and any attached materials are true and correct.

Print Name Signature		Title	
		Date	

Additional Locations

Location #

Building #

Annual Revenues:

Occupancy Type:

Street Address

Suite/Unit #

City

State

Zip Code

Occupied Area (Sqft) Total Building Area (Sqft) Tenant or Owner

Do any salesperson(s) operate in or travel to outside locations for business purposes? Yes No

If **yes**, please provide the total annual payroll:

Warehouse Payroll:

Area Leased To Others? Yes No

No. of Owners / Officers on Premises: _____

Property Coverage

Construction Type:

Roof Type:

No. Stories:

Fire Alarm Type

Central Reporting

Local (Gong)

None

Security System Type

Central Reporting

Local Alarm

None

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Limits Requested

Building:

Tenants Betterments & Improvements:

Business Personal Property:

Equipment:

Business Income / Extra Expense:

Computers:

Description of Property Covered: