

Date:

Are you currently insured? No Yes Expiration Date:

Name of Applicant:

Mailing Address:

City: State Zip:

Garaging Address: Same OR:

City: State Zip:

Office Phone Number:

Office Fax Number:

Cell Phone Number:

E-Mail Address:

Federal ID Number or Social Security Number:

I would prefer to call to disclose this information

Type of Business:

Owner's Name: Person to Contact:

Years in Business: New Business OR

What type of insurance are you looking for?

- General Liability Worker's Compensation Commercial Auto Excess Liability
 Builder's Risk Equipment Floater Other:

Please describe in detail what you do or what services you provide:

Locations:

#	Street Address	City	County	State	Zip Code
1					
2					
3					
4					

GENERAL LIABILITY:

Desired General Aggregate Limit: \$ Each Occurrence: \$

Estimated Annual Gross Receipts (Income before taxes and expenses): \$

Estimated Annual Cost of Sublet Work: \$

Estimated Annual Owner's Payroll: \$

Estimated Annual Employees Payroll (W2 and 1099):

State	Location #	Job Description	# of Employees	Annual Payroll

Prior Insurance History:

I have my 3 year loss history. New Venture - No Prior Insurance History

Year	Insurance Company	Losses	Details
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	

WORKER'S COMPENSATION:

Each Accident \$ Disease Policy Limit \$ Disease Each Employee \$

Rating Information per Location:

State	Location #	Class Code (if known)	Job Description	# of Employees	Annual Payroll

*****NOTE: Uninsured contractor 1099 wages are considered payroll for Worker's Compensation.*****

Individuals Included/Excluded:

Owners, partners, corporate officers or relatives to be included or excluded.

Name	Date of Birth	Title	% of Ownership	Inc/Exc	Class Code	Payroll
			<input type="text"/>	<input type="text"/>		
			<input type="text"/>	<input type="text"/>		
			<input type="text"/>	<input type="text"/>		
			<input type="text"/>	<input type="text"/>		
			<input type="text"/>	<input type="text"/>		

Prior Insurance History:

I have my 3 year loss history. New Venture - No Prior Insurance History

Year	Insurance Company	Losses	Details
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	

COMMERCIAL AUTO:

Radius of Operation: 0 - 100 Miles 101 - 300 Miles 301 - 600 Miles Over 600 Miles

Liability Limits:

Desired Limit of Insurance: Uninsured/Underinsured Motorist:

Scheduled Autos Any Auto All Owned Autos Hired Autos Non-Owned Autos

Physical Damage:

Collision \$

AND:

Comprehensive \$ OR Specified Perils \$

Drivers:

	Name	Date of Birth	License Number	State	Years Licensed	Violations (Y/N)
1				<input type="text"/>		<input type="text"/>
2				<input type="text"/>		<input type="text"/>
3				<input type="text"/>		<input type="text"/>
4				<input type="text"/>		<input type="text"/>
5				<input type="text"/>		<input type="text"/>

Vehicles:

	Year	Make	Type	17-digit Vehicle ID Number	Stated Value
1			<input type="text"/>		
2			<input type="text"/>		
3			<input type="text"/>		
4			<input type="text"/>		
5			<input type="text"/>		

Prior Insurance History:

I have my 3 year loss history. New Venture - No Prior Insurance History

Year	Insurance Company	Losses	Details
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	

COMMERCIAL PROPERTY:

Location #1 Address:

City:

State

Zip:

Value of:

Building:

\$

Contents:

\$

Other:

\$

Construction Material:

Walls:

Flooring:

Roof:

Alarm?

No

Yes - What Kind?

Location #2 Address:

City:

State

Zip:

Value of:

Building:

\$

Contents:

\$

Other:

\$

Construction Material:

Walls:

Flooring:

Roof:

Alarm?

No

Yes - What Kind?

Any additional information that will help in rating your account?