

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"/>	

**Any additional information that will help in rating your account?**