



COMMERCIAL ACCOUNT DATA Effective _____

Business Name _____ Contact Person _____

Mailing Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____ Website _____

County/Township _____ Email _____

Social Security # or Federal ID # _____

Yrs in Business _____ Current Agent _____ /Insurer _____

Describe their operations & attach **brochures** if available. Explain insured's product. Is there a safety program? (Get a copy) _____

Hot Buttons? _____

PROPERTY

Loc 1. Address _____ (Tsp, county) _____

Building Limit _____ Contents _____ Income _____

Building Age _____ Square Feet _____ Construction _____

Alarms – local or central? _____ Fire/burglar? _____ Who installed/monitors? _____

Sprinklered _____ Sole occupant? _____ Other Tenants? _____

If building over 25 years old, advise when updates were done for Roof _____ Heating _____
 Plumbing _____ Electric _____

Deductible _____

Loc 2. Address _____ (Tsp, county) _____

Building Limit _____ Contents _____ Income _____

Building Age _____ Square Feet _____ Construction _____

Alarms – local or central? _____ Fire/burglar? _____ Who installed/monitors? _____

Sprinklered _____ Sole occupant? _____ Other Tenants? _____

If building over 25 years old, advise when updates were done for Roof _____ Heating _____
 Plumbing _____ Electric _____

GENERAL LIABILITY

Occurrence Limit _____ Aggregate _____

FT employees _____ PT employees _____ Gross Payroll _____

What classes are on current policy? Advise payroll/receipts for each

Any subcontracted work? Cost _____ WHAT do they subcontract out? _____

Endorsements-----Stop Gap _____
 Employee Benefits _____

GARAGE LIABILITY

Dealer Plates _____ # FT employees _____ # PT _____

Garagekeepers Limit _____ Deductibles _____ Describe Work Done _____



Dealer Physical Damage _____
Salespersons _____ All other _____

BUSINESS AUTOMOBILE

Liability Limit _____ Uninsured Motorists? _____ Limit _____ Med Pay _____

Vehicle Year, Make, Model VIN GVW Cost New Territory
1.
2.
3.
4.
5.

Driver Date of Birth Social Security DL# State
1
2
3
4
5

INLAND MARINE

Miscellaneous Tools _____ Deductible _____ Employee Tools _____
Leased/Borrowed/Rented _____ Rental Reimbursement _____
Attach Equipment Schedule. Limit _____

Installation Floater _____ Deductible _____
Jobs per Year _____ Any one time _____ Max _____ Average _____ Cost _____ Max _____ Ave _____
Annual Installation Receipts _____

CRIME COVERAGE

Loss Inside- _____ loss Outside _____ Deductible _____
Employee Dishonesty _____ ERISA _____ Plan Name _____
Employees _____ # Handle Money _____

HUMAN RESOURCES

Do you have a Human Resource Department _____
Do you process payroll in-house or use outside agency? _____ Who? _____
Do you offer health insurance to employees _____ Insurer _____
Rate adequacy _____ Workers Comp Rates? _____
Do you have an Employee Handbook _____
Describe Safety Program _____

What can we do to **EARN YOUR BUSINESS?** _____

DID YOU.....Get Loss Letters signed _____ (Need 3 prior years carriers!)
Get copies of policies _____
Pick up brochures _____
Meet the Decision Maker _____