Commercial New Business Information Worksheet

Effective Date: ________

Named Insured (include D/B/A): ____

Entity: Sole Proprietor ______ **Partnership** ______ **Corporation** ______ **LLC** ______

Mailing Address: _______________________________**City:** _______________________ **State:** ___ **Zip:** _____

Contact Name: _____________________________________ **Phone: (**____**)**_________ **Fax #: (**______**)**_________

E-Mail/Website Information:____ **Date Est:** __________

Description of Operations: ____ **Yrs. Of Exp.**_______

Location	Location Address	Owner/Tenant
1.		
2.		

Premises Information:

Loc #	Construction Type	Year Built	# of Stories	Total Sq Ft	Sq Ft Occupied	Sprinklered Y/N	Alarm System	Other Occupants

Building Updates Year: Heating ________ Plumbing ________ Electrical ________ Roof ________

Property Information:

Coverage:	Limit:	Deductible:
Building		
Business Personal Property		
Property of Others		
Inland Marine		

Liability Information:

Coverage:	Limit:	Gross Sales:	Gross Payroll:
General Liability			
Umbrella		XXXXXXXXXX	

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Commercial New Business Information Worksheet - Continued

Producer Name: ______________________________ **Producer Phone#:_____________**

Hired & Non-Owned Auto Coverage: Yes_____No____

Workers' Comp Information– Federal ID # ____________________Experience Mod:________

Limits: $100,000/$500,000/$100,000 $500,000/$500,000/$500,000 $1,000,000/$1,000,000/$1,000,000

State	Class Code	Description of Classification	# of Employees	Payroll

Workers' Comp Owners/Officers Coverage				**Exclude**	
Name:	Title:	Class:	Payroll	Yes	No

Prior Carrier Info: Company: ______________________ Prem.: _________________ Term: _________________

Any claims in the past 3 years: No_____ If Yes, Send in loss runs

Revised: 02/2012

Automobile Supplement

Current Policy Information:

Auto Coverages:	Symbol(s)	Covered Auto Symbols
Liability Limit: $		(1) Any Auto (2) All Owned Autos
Medical Limit: $		(3) Owned Private Passenger Autos (4) Owned Autos Other than PPT
UM/UIM Limit $		(5) All owned Autos Requiring No Fault Coverage
Comp Deductible: $		(6) Owned Autos Subject to Compulsory U.M. Law (7) Autos Specified on Schedule
Coll Deductible: $		(8) Hired Autos (9) Non-Owned Auto

Additional Coverages:

Drive Other Car Coverage: Names:	Towing: (available only on PPT)
Rental Reimbursement Coverage: (available only on PPT)	Hired Physical Damage: Limit:

Vehicle Description:

Veh #	Yr.	Make/Model	Serial #	Cost New	Garage Location
1.					
2.					
3.					
4.					
5.					
6.					

Driver Schedule:

Name:	Date of Birth:	State:	License #:

Revised: 02/2012