

Commercial Intake Form

Today's Date _____ CSR _____ Producer _____ Eff Date _____

Insured Name _____

DBA Name _____

Entity Type: Sole Prop Partnership Corp LLC FEIN _____

Mailing Address _____ City _____ St _____ Zip _____

Physical Address _____ City _____ St _____ Zip _____

Contact Name _____ Email _____

Owner Name _____ Owner DOB _____

Owner Address _____ City _____ St _____ Zip _____

H _____ W _____ C _____ F _____

Yrs in Business _____ # Yrs Exp in Field _____ # Yrs at Loc _____ Website _____

Business Description _____

Lead Source _____

Line of Biz to Quote: GL Prop Auto WC IM D&O E&O PL Umb Bond _____

Current Carrier(s) _____

Need by Date _____ Target Premium _____

Business Operations description and details

Any losses in the past 5 years? No Yes (If yes, loss runs will be required to obtain a quote)**Document Checklist**

<input type="checkbox"/> Previous Dec Pages	<input type="checkbox"/> Exp Mod Worksheet	<input type="checkbox"/> Building Pictures
<input type="checkbox"/> Loss Runs	(WC, if they qualify)	<input type="checkbox"/> SOV
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Supplemental App	<input type="checkbox"/> Out of State MVRs
<input type="checkbox"/> Proof of FEIN	(Request from CSR)	<input type="checkbox"/> Driver List / Bldg List

GL Class Code(s):

General Liability

Limits		Rating Base	
General Aggregate		Employee Payroll	
Products Comp Ops		Officer Payroll	
Each Occurrence		# Employees	
Personal Liab / Adv		# Officers	
Rented Premises		Cost for Insured Subs	
Medical		Annual Sales	
		Sq Ft (retail/Office Risks)	

Employment Related Practices (Discrimination – Sexual Harrassment)

Limits Requested: None \$500,000 \$1,000,000 Other _____ Retro Date _____

Employee Benefits Liability (Mistakes in Administration of Benefit Plans)

Limits Requested: None \$500,000 \$1,000,000 Other _____ Retro Date _____

Employee Sexual Misconduct None _____ _____ Retro Date _____

Any Claims last 3 Years? _____

Current Company _____ Yrs w/this co _____ Exp Date _____

Blanket AI Yes No

Blanket WOS Yes No

Owner List

Name _____ % of Ownership _____

Additional Interests

Name _____ Interest Type _____

Property

Building Name:				Location:	Building:	
Premises Address:						
Building Limit				Occupant <i>If Lessor Risk</i>		
Deductible				Mortgagee		
BPP Limit				Loss Payee		
Const Type	<input type="checkbox"/> Frame <input type="checkbox"/> JM <input type="checkbox"/> Mas NC <input type="checkbox"/> NC			Plate Glass	<input type="checkbox"/> Yes Linear Feet:	<input type="checkbox"/> No
Roof Type				Ext Sign/Awning	<input type="checkbox"/> Yes Value:	<input type="checkbox"/> No
Roof Coverage	<input type="checkbox"/> RC <input type="checkbox"/> ACV			Alarm	<input type="checkbox"/> Inactive <input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> None	
Year Built				Sprinklers	<input type="checkbox"/> Yes, Inactive <input type="checkbox"/> Yes, Active <input type="checkbox"/> None	
Square Feet		# of stories		% of bldg sprinklered	%	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
Year updated	Roof		Wiring	Emp Theft	<input type="checkbox"/> Yes # emp:	<input type="checkbox"/> No
Year updated	Heat		Plumb	Sew/Drain Backup	<input type="checkbox"/> Yes Value in Bsmt:	<input type="checkbox"/> No
Current Carrier				Earthquake	<input type="checkbox"/> Yes (Comp Supplemental)	<input type="checkbox"/> No
Expiration Date		Yrs w/carrier		Flood	<input type="checkbox"/> Yes (Comp Flood App)	<input type="checkbox"/> No
Under Reno?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Systems Brkdown	<input type="checkbox"/> Yes <input type="checkbox"/> AC <input type="checkbox"/> Boiler	<input type="checkbox"/> No
Claims in Lst 3 yrs						

Building Name:				Location:	Building:	
Premises Address:						
Building Limit				Occupant <i>If Lessor Risk</i>		
Deductible				Mortgagee		
BPP Limit				Loss Payee		
Const Type	<input type="checkbox"/> Frame <input type="checkbox"/> JM <input type="checkbox"/> Mas NC <input type="checkbox"/> NC			Plate Glass	<input type="checkbox"/> Yes Linear Feet:	<input type="checkbox"/> No
Roof Type				Ext Sign/Awning	<input type="checkbox"/> Yes Value:	<input type="checkbox"/> No
Roof Coverage	<input type="checkbox"/> RC <input type="checkbox"/> ACV			Alarm	<input type="checkbox"/> Inactive <input type="checkbox"/> Central <input type="checkbox"/> Local <input type="checkbox"/> None	
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Year updated	Roof		Wiring	Emp Theft	<input type="checkbox"/> Yes # emp:	<input type="checkbox"/> No
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Claims in Lst 3 yrs						

Commercial Auto

Coverages

BIPD Liability Limit: \$500,000 CSL \$1,000,000 CSL

UM Limit: same Other _____

Include Hired / Non-Owned Auto Liability: Yrs # emp _____ est rental cost _____ No

Drivers

#	Name	DOB	DL St	DL #	Marital Status
Violations /Accidents					CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Name	DOB	DL St	DL #	Marital Status
Violations /Accidents					CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Name	DOB	DL St	DL #	Marital Status
Violations /Accidents					CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Name	DOB	DL St	DL #	Marital Status
Violations /Accidents					CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Name	DOB	DL St	DL #	Marital Status
Violations /Accidents					CDL <input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicles

	Vehicle 1	Vehicle 2	Vehicle 3
Year/Make			
Model			
VIN			
GVW			
Cost New			
Stated Value			
Radius: 0-50, 50-200, 200+			
Comp			
Collision			
Towing			
Rental			
Loss Payee Addt'l Interest			
Leased?			
Vehicle Use (Bus only or bus & pls)			

Any Claims last 3 years? Yes If yes: _____ No

Current Company _____ Years w/this Co _____ Exp Date _____

Any vehicles Customized, altered or have special attached equipment? Yes _____ addt'l val _____ No

Are any other filings required? _____

Is "Drive other than Car" Coverage needed? Yes _____ No

Any vehicles used by family members that are not shown on the driver list? Yes (If yes, include driver list) No

Does the insured run MVRs on all new drivers? Yes No

Does the insured run MVRs each year on current drivers? Yes No

Additional Vehicles			
	Vehicle _____	Vehicle _____	Vehicle _____
Year/Make			
Model			
VIN			
GVW			
Cost New			
Stated Value			
Radius: 0-50, 50-200, 200+			
Comp			
Collision			
Towing			
Rental			
Loss Payee Addt'l Interest			
Leased?			
Vehicle Use (Bus only or bus & pls)			

Additional Vehicles			
	Vehicle _____	Vehicle _____	Vehicle _____
Year/Make			
Model			
VIN			
GVW			
Cost New			
Stated Value			
Radius: 0-50, 50-200, 200+			
Comp			
Collision			
Towing			
Rental			
Loss Payee Addt'l Interest			
Leased?			
Vehicle Use (Bus only or bus & pls)			

Inland Marine

Deductible: \$250 \$500 \$1,000 \$2,500 Other _____ **Note: policy is written on ACV basis**

Where is equipment stored? _____

Does the Insured rent equipment from others? _____ Most Expensive Rental: _____

Total value of tools under \$1,000 per item _____

Equipment Schedule

	Item 1	Item 2	Item 3	Item 4
Yr/Make				
Model				
Serial #				
Value				
Description				

Installation Floater Coverage

Single Location \$ _____ Limit Per Disaster \$ _____ Temp Location \$ _____ Transit Limit \$ _____

Signs

Prem/Building Name	Attached?	Value	Description

Inland Marine Notes _____

Commercial Umbrella

Occurrence Limit: \$1,000,000 Other _____ Retained Limit: \$10,000 Other _____

Umbrella Notes _____

Summary

Type	Carrier	Date Req	Quote \$	Acc / Dec	Bind \$	Bind Date	Pol #
BOP							
General Liability							
Commercial Auto							
Prof Liability							
Building							
Contents							
EPLI							
Business Income							
Property of Others							
Workers Comp							
Inland Marine							
Builder's Risk							
Umbrella							
Cyber Liability							
Earthquake							

Notes _____

Items Outstanding

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Final Acknowledgement

Producer Signature _____ Date _____

CSR Signature _____ Date _____

Insured Signature _____ Date _____