



## 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

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

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### 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 \_\_\_\_\_

Name \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name \_\_\_\_\_ % of Ownership \_\_\_\_\_

### Additional Interests

Name \_\_\_\_\_ Interest Type \_\_\_\_\_

Name \_\_\_\_\_ Interest Type \_\_\_\_\_

Name \_\_\_\_\_ Interest Type \_\_\_\_\_

Name \_\_\_\_\_ Interest Type \_\_\_\_\_

Name \_\_\_\_\_ Interest Type \_\_\_\_\_

Name \_\_\_\_\_ Interest Type \_\_\_\_\_

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 <a href="#">Linear Feet:</a> <input type="checkbox"/> No	
Roof Type				Ext Sign/Awning		<input type="checkbox"/> Yes <a href="#">Value:</a> <input type="checkbox"/> No	
Roof Coverage		<input type="checkbox"/> RC <input type="checkbox"/> ACV		Alarm		<input type="checkbox"/> Inactive <input type="checkbox"/> <a href="#">Central</a> <input type="checkbox"/> <a href="#">Local</a> <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"/> <a href="#">Wet</a> <input type="checkbox"/> <a href="#">Dry</a>	
Year updated		Roof		Wiring		<input type="checkbox"/> Yes <a href="#"># emp:</a> <input type="checkbox"/> No	
Year updated		Heat		Plumb		<input type="checkbox"/> Yes <a href="#">Value in Bsmt:</a> <input type="checkbox"/> No	
Current Carrier				Earthquake		<input type="checkbox"/> Yes <a href="#">(Comp Supplemental)</a> <input type="checkbox"/> No	
Expiration Date		Yrs w/carrier		Flood		<input type="checkbox"/> Yes <a href="#">(Comp Flood App)</a> <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"/> <a href="#">AC</a> <input type="checkbox"/> <a href="#">Boiler</a> <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 <a href="#">Linear Feet:</a> <input type="checkbox"/> No	
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Roof Coverage		<input type="checkbox"/> RC <input type="checkbox"/> ACV		Alarm		<input type="checkbox"/> Inactive <input type="checkbox"/> <a href="#">Central</a> <input type="checkbox"/> <a href="#">Local</a> <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"/> <a href="#">Wet</a> <input type="checkbox"/> <a href="#">Dry</a>	
Year updated		Roof		Wiring		<input type="checkbox"/> Yes <a href="#"># emp:</a> <input type="checkbox"/> No	
Year updated		Heat		Plumb		<input type="checkbox"/> Yes <a href="#">Value in Bsmt:</a> <input type="checkbox"/> No	
Current Carrier				Earthquake		<input type="checkbox"/> Yes <a href="#">(Comp Supplemental)</a> <input type="checkbox"/> No	
Expiration Date		Yrs w/carrier		Flood		<input type="checkbox"/> Yes <a href="#">(Comp Flood App)</a> <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"/> <a href="#">AC</a> <input type="checkbox"/> <a href="#">Boiler</a> <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 <a href="#">Linear Feet:</a> <input type="checkbox"/> No	
Roof Type				Ext Sign/Awning		<input type="checkbox"/> Yes <a href="#">Value:</a> <input type="checkbox"/> No	
Roof Coverage		<input type="checkbox"/> RC <input type="checkbox"/> ACV		Alarm		<input type="checkbox"/> Inactive <input type="checkbox"/> <a href="#">Central</a> <input type="checkbox"/> <a href="#">Local</a> <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"/> <a href="#">Wet</a> <input type="checkbox"/> <a href="#">Dry</a>	
Year updated		Roof		Wiring		<input type="checkbox"/> Yes <a href="#"># emp:</a> <input type="checkbox"/> No	
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Current Carrier				Earthquake		<input type="checkbox"/> Yes <a href="#">(Comp Supplemental)</a> <input type="checkbox"/> No	
Expiration Date		Yrs w/carrier		Flood		<input type="checkbox"/> Yes <a href="#">(Comp Flood App)</a> <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"/> <a href="#">AC</a> <input type="checkbox"/> <a href="#">Boiler</a> <input type="checkbox"/> No	
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					
#1	Name	DOB	DL St	DL #	Marital Status
Violations /Accidents					CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
#2	Name	DOB	DL St	DL #	Marital Status
Violations /Accidents					CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
#3	Name	DOB	DL St	DL #	Marital Status
Violations /Accidents					CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
#4	Name	DOB	DL St	DL #	Marital Status
Violations /Accidents					CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
#5	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: <small>0-50, 50-200, 200+</small>			
Comp			
Collision			
Towing			
Rental			
Loss Payee Addt'l Interest			
Leased?			
Vehicle Use <small>(Bus only or bus &amp; pls)</small>			

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)			

## Workers Comp

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 \_\_\_\_\_

H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_ F \_\_\_\_\_

Business Description \_\_\_\_\_

Years in Business \_\_\_\_\_ # Years Exp in the Field \_\_\_\_\_ Exp Mod \_\_\_\_\_

Any losses in past 3 yrs ☐ Yes ☐ No If yes, describe losses or include currently valued loss runs \_\_\_\_\_

Current Company \_\_\_\_\_ Yrs w/this co \_\_\_\_\_ Exp Date \_\_\_\_\_

Any Waiver of Subrogation req? ☐ Yes ☐ No

Any work performed underground or above 15 feet? ☐ Yes max feet \_\_\_\_\_ ☐ No

Is applicant engaged in any other type of business? ☐ Yes explain \_\_\_\_\_ ☐ No

Are Sub-contractors used? ☐ Yes % subbed \_\_\_\_\_ % of subs w/own cov \_\_\_\_\_ ☐ No

Any work sublet without certificates of Insurance? ☐ Yes explain \_\_\_\_\_ ☐ No

Is a written safety program in operation? ☐ Yes (provide copy) \_\_\_\_\_ ☐ No

Is there any volunteer or donated labor? ☐ Yes explain \_\_\_\_\_ ☐ No

Are employee health plans provided? ☐ Yes explain \_\_\_\_\_ ☐ No

Any undisputed or unpaid WC prem due? ☐ Yes explain \_\_\_\_\_ ☐ No

Does the insured run MVRs on all drivers? ☐ Yes how often? \_\_\_\_\_ ☐ No

**Liability Limit :** ☐ 100/500/100 ☐ 500/500/500 ☐ 1000/1000/1000

Class Code	Job Description	Annual Payroll

Class Code	Owner Name	% owner	Title	DOB	SS#	Inc/Exc	If Inc, list Payroll

## 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 \_\_\_\_\_