



DATE RECEIVED: _____ NEED BY DATE: _____ Contact: _____

Entity: _____ Email Address: _____

PHONE # Website Address: _____

Type of Entity: **INDIVIDUAL PARTNERSHIP** **LLC** **CORPORATION** **NON-PROFIT** FEIN / SSN # _____

Physical Location Address: _____

Mailing Address (if different): _____

Description of Operations: _____

Current Carriers: _____ Lapse in Coverage in last 3 years? _____

Years in Business: _____ Years of Experience: _____

GENERAL LIABILITY: Gross Receipts / Annual Payroll (breakdown by operation classification if applicable):

Operation Type: PAYROLL	Exposure: SALES	\$ _____
Operation Type: PAYROLL	Exposure: SALES	\$ _____
Type of Work Subcontracted:		Total _____
# Additional Insured's:	Cost: \$ _____	Landlord _____ Mortgagee/LP _____ Designated _____ # of Waiver of Sub: _____

PROPERTY: Construction Type:	Foundation Type: _____			
Year Built: _____	# of Floors: _____	Total Building Sq Ft: _____	Sq Ft Occupied by Insured: _____	
Year of Full Updates: HVAC: _____	Plumbing: _____	Electrical: _____	Roof: _____	Type: _____
Total Building Square Footage: _____	Square Footage Occupied by Insured: _____			Total # of Floors: _____
Burglar Alarm System Type: _____	Fire Alarm System Type: _____	% Sprinklered: _____		
Building Limit: \$ _____	Business Personal Property Limit: \$ _____			
Betterments & Improvements Limit: \$ _____		Business Income: \$ _____		

WORK COMP: Number of Employees: Full Time: _____	Part Time: _____	Seasonal: _____
Owner: _____	Title: _____	% EXCLUDED _____ INCLUDED _____
Owner: _____	Title: _____	% EXCLUDED _____ INCLUDED _____
Description: _____	Title: _____	Annual _____
Payroll: _____		
Description: _____		Annual _____
Payroll: _____		
Description: _____		Annual _____
Payroll: _____		

AUTO: Hired / Non-owned only: _____ Needs Auto Quote: _____ Has Personal Auto w/ Commercial Coverage: _____

Other Insurance: **WIND** **FLOOD** **E&O/D&O** **EPLI** **UMBRELLA** **CYBER CRIME** **OTHER:** _____