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Commercial Intake Form

*In lieu of completing the intake form, please provide copies of your existing commercial policies (BOP, Workers' Compensation and/or Auto).

Today's Date: _____ Effective Date: _____

Customer Information

Named Insured: _____

DBA/Additional Named Insured: _____

Individual Partnership Corp. LLC
 Other _____

Contact Name: _____ Title: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ County: _____ Zip: _____

Telephone Business: _____ Home: _____ Cell: _____ Fax: _____

Email Address: _____

Years in Business: _____ FEIN#: _____

Gross Sales/Receipts: _____

Are there any known losses? Y/N _____

Provide details of losses

Property Coverage

Building/BPP Limit: _____ Deductible: _____

Year Built: _____ Construction: Frame Joisted Masonry Masonry N/C Fire Resis.

Square Footage: _____ (Incl. all floors, except basement) % Sprinklered: _____

Umbrella Liability

Umbrella: _____

Workers' Compensation

of Executive Officers or Partners: _____ Included or Excluded: _____

Names of Officers/Members

Name	Title	Included/Excluded?	If Included, list payroll

Total Number of Employees: _____ Full-Time Employees: _____ Part-Time Employees: _____ Payroll: _____

Automobile Coverage - Driver List (If over 6 please provide excel document)

Name	Date of Birth	License #	Social Security #

Vehicle #1 (If over 4 vehicles complete SOV)

Year: _____ Make: _____ Model: _____
VIN: _____ Cost New: _____ Weight: _____
Radius (0-50, 50-200, 200+) _____ Use (Service, Commercial, Retail, Private, Delivery): _____
Comp: _____ Collision: _____ Towing: _____ Rental: _____
Loss Payee/Add'l Interest: _____ Leased? _____

Vehicle #2

Year: _____ Make: _____ Model: _____
VIN: _____ Cost New: _____ Weight: _____
Radius (0-50, 50-200, 200+) _____ Use (Service, Commercial, Retail, Private, Delivery): _____
Comp: _____ Collision: _____ Towing: _____ Rental: _____
Loss Payee/Add'l Interest: _____ Leased? _____

Vehicle #3

Year: _____ Make: _____ Model: _____
VIN: _____ Cost New: _____ Weight: _____
Radius (0-50, 50-200, 200+) _____ Use (Service, Commercial, Retail, Private, Delivery): _____
Comp: _____ Collision: _____ Towing: _____ Rental: _____
Loss Payee/Add'l Interest: _____ Leased? _____

Vehicle #4

Year: _____ Make: _____ Model: _____
VIN: _____ Cost New: _____ Weight: _____
Radius (0-50, 50-200, 200+) _____ Use (Service, Commercial, Retail, Private, Delivery): _____
Comp: _____ Collision: _____ Towing: _____ Rental: _____
Loss Payee/Add'l Interest: _____ Leased? _____