



Commercial Insurance Intake Form

Business Name: _____

DBA: _____

Mailing Address: _____

Website : _____

Phone: _____

Facsimile: _____

Contact Name and Title: _____

Email: _____

Year Business Started: _____ # Years Experience _____ # employees _____

FEIN: _____

Description of Business Operations:

Expected Gross Revenues Current Year _____ Actual Gross Revenues Last Year _____

Expected annual payroll Current Year _____

Number of Company Executives, Partners, Owners _____

List Name/Title/Percentage owned/Annual Salary of all Owners/Partners/Executives

Any Work Subcontracted Yes/No: _____ If Yes, what percent of total revenue: _____

Annual cost for Subcontracted labor: _____

Percentage of work that is Residential: _____ Percentage of Work that is Commercial: _____

Business Physical Location if Different than Mailing

Address: _____

Building and Business Personal Property Information

Year Built: _____ Number of Stories: _____ Insured Square Footage: _____

Total Square Footage of Building: _____ Year Roof Updated: _____

Year HVAC Updated: _____ Year Electrical Updated: _____ Sprinkler Yes/No: _____

Type of Construction (wood frame, joisted masonry, brick, etc.): _____

Total replacement Value of Business Property: _____ Replacement Value of

Computers: _____ Do you own the Building or Lease Space: _____ If Owned, What is the Replacement Value of the Building: _____

Mobile Equipment Value: _____

Expiring Carrier: _____ Please attach un-redacted declaration pages or full policy copies.

Any Losses in Last Three Years (Provide Dates, Amounts, and Description of Losses): _____

Business Auto Information

Owned Autos(Titled in Business Name not Individual):

1-

Year- _____ Make- _____ Model- _____

VIN(must be 17 characters): _____

Cost New: _____ Use: _____

Garaging

Address: _____

2-

Year-_____ Make-_____ Model-_____

VIN(must be 17 characters):_____

Cost New:_____ Use:_____

Garaging

Address:_____

3-

Year-_____ Make-_____ Model-_____

VIN(must be 17 characters):_____

Cost New:_____ Use:_____

Garaging

Address:_____

4-

Year-_____ Make-_____ Model-_____

VIN(must be 17 characters):_____

Cost New:_____ Use:_____

Garaging

Address:_____

5-

Year-_____ Make-_____ Model-_____

VIN(must be 17 characters):_____

Cost New:_____ Use:_____

Garaging

Address:_____

Attach additional pages as needed.

Drivers:

1-

Name: _____ Date of Birth: _____

License Number: _____ State Licensed: _____

2-

Name: _____ Date of Birth: _____

License Number: _____ State Licensed: _____

3-

Name: _____ Date of Birth: _____

License Number: _____ State Licensed: _____

4-

Name: _____ Date of Birth: _____

License Number: _____ State Licensed: _____

5-

Name: _____ Date of Birth: _____

License Number: _____ State Licensed: _____

6-

Name: _____ Date of Birth: _____

License Number: _____ State Licensed: _____

Attach additional pages as needed.