

Commercial Prospect Sheet

Email or Fax Completed Form info@michellecrawfordbenefits.com
706-568-9979

Effective Date:							
Legal Name:		Conta	act:				
Phone:	Fa:	x:		 :ell:			
Years Established/Y	rs. Experience:	F	======================================				
					_		
Mailing Address:			city:	State:	Zip:		
					Zip:		
Describe Operation	s in detail:		,				
Prior Losses:			Cancelled/Non-renewed in the last 3 yrs.				
Property		Sauara Fo	otago:	# (Storoce		
Voor Puilt:	Sprinkloros	Square roo	C/S Alarm:	# . 	Stores: e/Burglary:		
Undator2	Sprinklered	Poof:	C/3 Alai III	FII	mbing:		
	Willing BPP Lin						
					emium:		
Deddecible.	Carrent ca			- EXPILING 11			
General Liability							
Occurrence Limit: Aggregate Li			it:	Gross Ann	ual Sales:		
	Hired/Non-O						
					mium:		
Additional Coverage	e Requested:						
			sales/Payroll/ Ot	her:			
GL Class/ Description:							
Additional Insured(s	s):						
Blanket Additional I	nsured Endorsement	:					
	ubrogation:			ngoing Ope	eration: () Yes () No		
			C	Completed O	perations: () Yes () No		
Umbrella							
Limit:		Aggre	gate Limit:				
Underlying Coverag	e Included: () Genera	al Liability () Auto Liability	() Employ	ers Liability		
					() Employer Benefits		
			Expiring	Premium: _			
	nsured Endorsement				·		

Automobile	•								
CSL: \$	Į	JM/UIM: \$		Med Pay: \$					
			it:	_					
Year	Make	Model	VIN	Use	Radius	Cost New	Comp/Coll		
100.	- Inchie				1100100		оср, сс		
Driver List									
r .	river Name		Date of Birth	State Driver's License					
	iivei ivailie		Date of Birth	Juic		Dilver's License			
	mpensation								
Each Accident: \$ Policy Limit: \$									
			Deductible: \$						
	er:								
			oll:						
				# Employees:					
Class: Payroll:									
Class:	Payroll:			# Er					
OFFICERS:									
	lame: Title:								
	lame: Title:								
						Incl/Ex	cl		
Blanket or Si	ngle Waiver of S	Subrogation	n:				-		
Mobile Equip	oment								
Year Make		!	Model	Serial Number		r	AVC		
		J				I			
Unscheduled	Tools Limit		Unsche	eduled Fauinme	nt limit				
			imit:						
Carrent Carri	Ci			rvbii iiig i i cii					
Special Req	uirements								
ERISA PIAN N D & O:	ime: EPLI:				O:				
DOMESTICAL CONTRACT OF THE CON		FPI	I.	гΛ	U.				

Visit our Website at www.michellecrawfordbenefits.com for additional sales tools.