



## Commercial Policy Indication of Coverage Request

AGENT: \_\_\_\_\_ AGENT #: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

<b>Contact Name:</b> _____ <b>DOB:</b> _____ <b>Business Name:</b> _____ <b>TID #</b> _____	<b>STREET ADDRESS:</b> _____ _____ _____ _____ CITY STATE ZIP CODE
<b>Type of Company (Corporation, LLP, etc.)</b> _____ _____	<b>PHONE NUMBER:</b> (____) _____  <b>Email Address</b> _____ <b>Client Contact Method</b> CGM okay to Call/Email: Yes _____ No _____ Contact with Agent Only: _____

*Only fill out the below information as completely as possible*

<b>Physical Location(s) of business:</b> _____ _____ _____ <b>Type of Construction</b> (Frame, Joisted Masonry, Fire Resistive, Non-combustible): _____ <b>How Many Buildings/Units:</b> _____ <b>How Far Apart:</b> _____ <b>Sprinkler System: Yes / No</b> <b>Year of Construction:</b> _____ <b>Upgrades (electric, plumbing, etc.) &amp; Year:</b> _____ _____ <b>Type of Roof (Flat, Pitched, Poured, etc.):</b> _____ <b>Type of Heating System:</b> _____ <b>Total Sq. Ft Building:</b> _____ <b>Property:</b> _____ <b>How Many Stories:</b> _____ <b>Basement: Yes/No If Yes, Finished: Yes/No</b> <b>Type of Occupancy (residential, apartments, mercantile, office, etc.)</b> _____ <b>If mixed % of each</b> _____ <b>Type of Protection (Site Fenced, Site Lighted):</b> _____ _____	<b>Any Restaurant Exposure: Yes / No</b> <b>If So What Type:</b> _____ <b>Use of Fryolators: Yes/No</b>
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