

How soon would you like
to hear back from us?

How did you hear about us?

Date:
Time:

Business Insurance

Sole Proprietor/LLC/Partnership/Corp/ Non Profit Association/Estate/Gov/Joint Venture/Legal Rep/Organization/Trust/Trustee

Business Name _____ Date Business Started _____

DBA _____

Primary Contact Legal Name _____

Phone _____

Mailing Address _____

Business Loc Address _____

DOB _____ DL# _____ SocialSec#/FEIN# _____

Email _____ WebSite _____

Have you had a bankruptcy or been convicted of a felony within the past 10 years? _____

Commercial General Liability

Description of Each Business Operation _____

How many years of ownership/management experience do you have in a similar business operation? (Or Experience in General)

Projected Gross Sales _____ Sub-Contractor Gross _____ Annual Payroll _____

Employees FT _____ PT _____ Yr of Building _____ Building Sq Ft _____ Business occupies SqFt _____

Do you have Prior Insurance? _____

Have you had any claims on any commercial policy? _____

Business Personal Property

Stationary BPP left in building \$ _____ and/or Mobile Tools and Equipment amount \$ _____

List Tools and Equipment over \$2,000 _____

Building Coverage

Purchase Price of Building _____ Year Built _____ Building SqFt _____ Business Occupies SqFt _____

Building constructed of? Frame _____ Joist Masonry _____ Steel _____ Detached Structure? _____

When was the last C or P updates to the building? Wiring _____ Plumbing _____ Heating _____ Roofing _____ Exterior _____

Heat Natural Gas _____ Electric _____ Propane _____ Base Board _____ Cieling _____ Wall Unit _____ Central Cooling? _____

Roof Asphalt Metal Wood Tar Rubber Membrain Gravel T-Lock _____

Any mantaince issues building? Peeling paint _____ Clutter _____ Missing shingles _____ Trees Touching or Over Hanging House? _____

Mortgagor _____ Additional Insured _____

Commercial Auto

Operators: DOB DL# Married CDL Hire Date Yrs of Experience

#1 _____
#2 _____
#3 _____
#4 _____
#5 _____
#6 _____
#7 _____
#8 _____

Vehicles: Year/Make/Model/Sub-Model/Vin #/Value

#1	Financed/Leased	Reg Owner	Furthest Miles One Way	Full/Liability
#2	Financed/Leased	Reg Owner	Furthest Miles One Way	Full/Liability
#3	Financed/Leased	Reg Owner	Furthest Miles One Way	Full/Liability
#4	Financed/Leased	Reg Owner	Furthest Miles One Way	Full/Liability
#5	Financed/Leased	Reg Owner	Furthest Miles One Way	Full/Liability
#6	Financed/Leased	Reg Owner	Furthest Miles One Way	Full/Liability
#7	Financed/Leased	Reg Owner	Furthest Miles One Way	Full/Liability
#8	Financed/Leased	Reg Owner	Furthest Miles One Way	Full/Liability

Any moving violations in the last 3yrs At Fault or Not At Fault Accidents last 5yrs Windshield Claims SR22

#1 _____
#2 _____
#3 _____
#4 _____

Regarding your commercial auto insurance coverage are these coverage's important to you?

Wind Shield Replacement	Yes	No	Maybe	Road Side Assistance	Yes	No	Maybe
Rental Car Reimbursement	Yes	No	Maybe	Price or coverage more imp.	Price	Cov	Both

Current Insurance Company _____

How long has your company had auto insurance? _____

Current Liability Limits _____

How much are your current monthly payments? _____

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Fill out these questions only if you operate a SEMI-Truck or a TRACTOR TRAILER

All States insured will driving in? _____

All Major Cities insured will be driving through? _____

Projected gross revenue for the next 12 months? _____ Gross Revenue for the past year? _____

Projected Miles driven for the next 12 months? _____ Past miles driven for the previous year? _____

Federal Motor Carrier Safety Administration # (FMCSA) Interstate Commerce Commission (ICC#) AKA Motor Carrier # ? _____

Do you have a U.S. Department of Transportation # (DOT#) _____

Years under this name? _____

Have you been cancelled or non-renewed in the past 3 years? _____

Do you haul Doubles or Triples? _____

Do you haul hazardous materials? _____

Do you haul Sand & Gravel? _____

Is this a dump Truck? Do you dump? _____

Can you provide 4 quarters of International Fuel Tax Agreement (IFTA) mileage report? _____

Do you operate primarily on fixed routes to regular destinations? _____

What percent of loads are through a broker? _____

Do you need trailer interchange coverage, if so how many trailers? (Extends physical damage converge to non-owned trailers) _____

Do you need Cargo Coverage? _____

Do you need Bailee or Non-owned physical damage coverage, if so how much? _____

USDOT#= <https://www.dotfiler.com/dot-number/> USMC#= <https://www.dotfiler.com/dot-operating-authority/>