



The Morrison Agency

FROM START TO FINISH

COMMERCIAL INSURANCE INFORMATION INTAKE

BUSINESS INFORMATION

Legal Name / DBA:

FEIN / Entity Type:

Years in Business:

Contact Name / Phone / Email:

Website:

Mailing Address:

Physical Address(es):

Description of Operations:

GENERAL LIABILITY

Gross Receipts:

Operations Type (Res/Comm/Ind):

Subcontractors/1099s:

Products/Completed Ops:

Requested Limits:

Additional Insured Required? Y/N:

Prior GL Claims (5 yrs):

WORKERS COMP (NC)

Payroll by Class Code:

Number of Employees:

Officer Inclusion/Exclusion:

Duties (FT/PT/Seasonal):

Mod Factor (if known):

Prior WC Claims:

COMMERCIAL PROPERTY

Building Owned/Leased:

Year Built / Construction:

Square Footage:

Roof Age:

Fire Protection:

Bldg Limit:

BPP Limit:

Flood Exposure:

Prior Property Losses:

COMMERCIAL AUTO

Vehicle Schedule (Year/Make/Model/VIN):

Driver List (Name/DOB/License):

Use / Radius:

Garaging Address:

Prior Auto Losses:

UMBRELLA / E&O / D&O

Umbrella Limit:

Professional Services:

E&O Needed? Y/N:

D&O Needed? Y/N:

Prior Claims:

LOSS HISTORY

3-5 Year Loss Runs Attached? Y/N: