

## COMMERCIALINSURANCE INFORMATION—THE MORRISON AGENCY

Date:

Mailing Address:
Contact Name/Phone/Email:
Federal ID #:
Effective Date:
Description of Operations:
Property & General Liability Physical Address- Square Footage- Year Built- Construction- Age of Roof- Building limit- BPP limit- Estimated Annual Sales- GL limit- Class codes- EPLI?
Workers Compensation Annual Payroll by class code- Number of employees by class code- Any excl/incl officers-
Auto Schedule of vehicles (year, make, model, VIN)- Schedule of drivers (full name, date of birth and state issued driver's license number)-
Inland Marine Equipment Schedule (include limits and any deductibles)
<u>Umbrella</u> Limit-

Loss History, if any? (3-5 years)

**E&O?** 

D&O?

**Business Name:**