



### Commercial Lines New Business Intake Form

Agency: \_\_\_\_\_ Producer: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Entity Type: Ind Corp LLC Partnership Other FEIN: \_\_\_\_\_ Number of Owners: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Years of Experience: \_\_\_\_\_ Annual Gross Revenue: \_\_\_\_\_

Description of Business Services & Owners Experience:  
\_\_\_\_\_  
\_\_\_\_\_

Current Carrier: \_\_\_\_\_ Target Premium: \_\_\_\_\_

Is the Applicant a subsidiary of another entity? Yes or No

If yes, please explain: \_\_\_\_\_

Any Prior Losses? Yes or No

If yes, please explain: \_\_\_\_\_

Any policy or coverage declined, cancelled or non-renewed during prior 3 years? Yes or No

If yes, please explain: \_\_\_\_\_

Any Employees? Yes or No

If yes, please list amount of employees and estimated annual payroll: \_\_\_\_\_

Hire Subcontractors? Yes or No

If yes, provide estimated amount of annual subcontractor costs & describe services performed by subcontractors:  
\_\_\_\_\_

### Lines of Business to Quote:

Package Commercial Auto Workers Compensation General Liability Property  
Professional Liability Inland Marine Cyber Crime Other: \_\_\_\_\_

### Carriers- Please indicate if you have a direct appointment:

- |  |  |
|--|--|
| Allstate                                   | Liberty Mutual                             |
| AmTrust                                    | Nationwide                                 |
| Chubb                                      | Pinnacol                                   |
| CNA  | Secura                                     |
| Guard                                      | State Auto                                 |
| Hartford                                   | Travelers - Small Business & Middle Market |
| Illinois Casualty - Food & Beverage Market | Employers                                  |

# Commercial Lines New Business Intake Form—Liability

## General Liability:

GL Limits: \_\_\_\_\_ per Occurrence / \_\_\_\_\_ per Aggregate    Deductible: \_\_\_\_\_

Liability Code: \_\_\_\_\_ Exposure: \_\_\_\_\_

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Hours of Operation: \_\_\_\_\_

Recent/Future Projects & Gross Sales for Each if Contractor:

\_\_\_\_\_

Additional Insured Ongoing? \_\_\_\_\_ Additional insured Completed? \_\_\_\_\_ Waiver of Subrogation? \_\_\_\_\_

Notes: \_\_\_\_\_

## Workers Compensation:

Limits: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Experience Mod: \_\_\_\_\_

Class Description: \_\_\_\_\_ Payroll: \_\_\_\_\_ Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_

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Owner SSN: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ Owner DOB: \_\_\_\_\_ Included or Excluded?: \_\_\_\_\_

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Owner SSN: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ Owner DOB: \_\_\_\_\_ Included or Excluded?: \_\_\_\_\_

Safety Program?:    Yes or    No    Risk Manager?:    Yes or    No    Training?:    Yes or    No

Waiver of Subrogation?: \_\_\_\_\_

## Umbrella

Limit: \_\_\_\_\_ Retained limit: \_\_\_\_\_

Notes: \_\_\_\_\_

## Directors & Officers:

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

Notes: \_\_\_\_\_

## Professional Liability:

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

Notes: \_\_\_\_\_

**Liquor Liability:**

Receipts: \_\_\_\_\_ Deductible: \_\_\_\_\_ Tips Training: Yes or No

Notes: \_\_\_\_\_

**Inland Marine:**

| Equipment Description | Serial # | Value | Deductible |
|-----------------------|----------|-------|------------|
|                       |          |       |            |
|                       |          |       |            |
|                       |          |       |            |
|                       |          |       |            |
|                       |          |       |            |

**Property—need for each building:**

Property Details

Location Address: \_\_\_\_\_

Total Sqft: \_\_\_\_\_ Within City Limits? Yes or No Inside or Outside: \_\_\_\_\_

Interest?: Owner or Tenant % Occupied: \_\_\_\_\_ Year Built: \_\_\_\_\_ Number of Stories & Units: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Basement?: Yes or No

Roof Type: \_\_\_\_\_ Year of Roof Update: \_\_\_\_\_ Electrical Type: \_\_\_\_\_ Year of Electrical Update: \_\_\_\_\_

Heating Type: \_\_\_\_\_ Year of Heating Update: \_\_\_\_\_ Plumbing Type: \_\_\_\_\_ Year of Plumbing Update: \_\_\_\_\_

Distance to Fire Hydrant: \_\_\_\_\_ Fire Station: \_\_\_\_\_

If commercial occupancy, all list tenants, tenant services performed on site and sqft occupied for each:

\_\_\_\_\_ Common areas, including pool and/or hot tub? \_\_\_\_\_ Alarm System: \_\_\_\_\_ Central Station: \_\_\_\_\_ % Sprinklered: \_\_\_\_\_

Front Exposure & Distance: \_\_\_\_\_ Rear Exposure & Distance: \_\_\_\_\_

Right Exposure & Distance: \_\_\_\_\_ Left Exposure & Distance: \_\_\_\_\_

Any exposure to flammables, explosives or chemicals? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Any Losses in the last 3 years, if yes please explain: \_\_\_\_\_

Property Coverages

Building Coverage: \_\_\_\_\_ RC or ACV: \_\_\_\_\_ Co-Insurance %: \_\_\_\_\_ Deductible: \_\_\_\_\_

Contents / BPP: \_\_\_\_\_ RC or ACV: \_\_\_\_\_ Co-Insurance %: \_\_\_\_\_ Deductible: \_\_\_\_\_

Business Income Loss: \_\_\_\_\_ Period of Restoration: \_\_\_\_\_ Sign: Metal Frame Other

Ordinance or Law: \_\_\_\_\_ Spoilage: \_\_\_\_\_ Equipment/ Mechanical Breakdown / Boiler: \_\_\_\_\_

Any exposure to flammables, explosives or chemicals? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Lienholder / Additional Insured / Landlord / Mortgagees Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional coverages and/or concerns?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Auto:**

Liability CSL: \_\_\_\_\_ UM/UIM: \_\_\_\_\_ Medical: \_\_\_\_\_ Attached/Custom Equipment Value: \_\_\_\_\_

Hired / Non- Owned: \_\_\_\_\_ Hired Physical Damage: \_\_\_\_\_ Tow/Rental: \_\_\_\_\_

Comprehensive Deductible: \_\_\_\_\_ Collision Deductible: \_\_\_\_\_

Garage Keepers Limit: \_\_\_\_\_ In Tow Limit: \_\_\_\_\_ Max Ded: \_\_\_\_\_

Open Lot Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

Do any drivers require an SR22? Yes or No Are State and/or Federal Filings required?: Yes or No

DOT #: \_\_\_\_\_ Are any vehicles leased to others? Yes or No

If yes, please explain: \_\_\_\_\_

Safety/Maintenance Program?: \_\_\_\_\_ Are MVR's run Annually? \_\_\_\_\_ Any drivers with less than 5 years experience?: \_\_\_\_\_

| Year              | Make | Model | Body Type | GVW | VIN #         | Garaging Zip | Comp  | Coll    | Cost New | Radius |
|-------------------|------|-------|-----------|-----|---------------|--------------|-------|---------|----------|--------|
|                   |      |       |           |     |               |              |       |         |          |        |
|                   |      |       |           |     |               |              |       |         |          |        |
|                   |      |       |           |     |               |              |       |         |          |        |
|                   |      |       |           |     |               |              |       |         |          |        |
|                   |      |       |           |     |               |              |       |         |          |        |
| Drivers Full Name |      |       |           |     | Date of Birth | License #    | State | CDL Y/N |          |        |
|                   |      |       |           |     |               |              |       |         |          |        |
|                   |      |       |           |     |               |              |       |         |          |        |
|                   |      |       |           |     |               |              |       |         |          |        |
|                   |      |       |           |     |               |              |       |         |          |        |

Additional Insured's / Loss Payee's Name & Address:

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Any additional coverages and/or concerns?

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**Additional Notes**