

**General Information** Date of Intake: \_\_\_/\_\_\_/\_\_\_ Date Quote Sent: \_\_\_/\_\_\_/\_\_\_ MVP Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ S.S.# \_\_\_\_\_

D.L.#: \_\_\_\_\_ DL State: \_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

email address: \_\_\_\_\_ Lead Source: \_\_\_\_\_

## **BUSINESS INFO:**

Business Name: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Business Description \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Prior Commercial Insurance: \_\_\_\_\_ Sole Prop/S-Corp/LLC, Inc? \_\_\_\_\_

Address to all Locations: \_\_\_\_\_

► **GENERAL LIABILITY:** Building:  Owned  Leased Value of any Buildout/Remodel? \_\_\_\_\_

How much did you buy building for? \_\_\_\_\_ Still Owe?  Paid off?

Value of Inventory/Equipment on Hand per day? \_\_\_\_\_

Need copy of Contract Requirements:

GL Aggregate Needed: \_\_\_\_\_

### ► **COMMERCIAL VEHICLES:**

Business Trucks?

Vehicle 1: Full Coverage?  Liability only?

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Radius: \_\_\_\_\_

VIN #: \_\_\_\_\_

Vehicle 2: Full Coverage?  Liability only?

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Radius: \_\_\_\_\_

VIN #: \_\_\_\_\_

Vehicle 3: Full Coverage?  Liability only?

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Radius: \_\_\_\_\_

VIN #: \_\_\_\_\_

List of Drivers, including DL #, DOB & Marital Status (do separate page if more than Owner from above)

### ► **WORKERS COMP:**

# of Employees \_\_\_\_\_ # in Support Role: \_\_\_\_\_ # in Working Role: \_\_\_\_\_

Annual Payroll Amt. \_\_\_\_\_ Payroll Frequency:  Wkly  Bi-Weekly  Semi-Mthly  Mthly

Expected Annual Gross Revenue: \_\_\_\_\_