

Effective Date: \_\_\_\_\_

Producer: \_\_\_\_\_

Legal business name(s) \_\_\_\_\_

DBA: \_\_\_\_\_

Type of entity:

- Individual
- Partnership
- Not-for-profit
- Corporation
- Joint Venture
- Limited Liability Company
- Sub-S Corp.

|                  |  |                       |  |
|------------------|--|-----------------------|--|
| Federal ID #     |  | Year Business Started |  |
| Business Phone # |  | Annual Revenues       |  |
| Fax #            |  | Annual Payroll        |  |
| Website          |  | # of Employees        |  |

| Contacts         | Name | Bus. # | Cell # | Email |
|------------------|------|--------|--------|-------|
| Owner/Principal: |      |        |        |       |
| Office Manager:  |      |        |        |       |
| Safety:          |      |        |        |       |
| Certificates:    |      |        |        |       |

Mailing address: \_\_\_\_\_

Location Schedule:

| Prem # | Bldg # | Address |
|--------|--------|---------|
|        |        |         |
|        |        |         |
|        |        |         |
|        |        |         |

How many years' experience does the owner/manager have in this type of business? \_\_\_\_\_

Names of subsidiary companies or joint ventures that are not part of this application: \_\_\_\_\_

Description of Primary Operations: \_\_\_\_\_

Is the applicant a subsidiary of another entity? .....  Yes  No

Is a formal safety program in operation? .....  Yes  No

If yes, check what applies:  Safety Manual  Safety Position  Monthly Meetings  OSHA

Any exposure to flammables, explosives, chemicals or radioactive/nuclear materials? .....  Yes  No

Any policy or coverage declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? .....  Yes  No

If yes, reason:  non-payment  non-renewal  underwriting

In the last five (5) years, has the applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy, been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property or had a judgement or lien; any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? .....  Yes  No

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

Any uncorrected fire and/or safety code violations? .....  Yes  No

Any foreign operations, foreign products distributed in USA, or US products sold / distributed in foreign countries?  
 .....  Yes  No

Does applicant have other business ventures for which coverage is not requested? .....  Yes  No

Does the applicant own, jointly own, hire or lease any watercraft or aircraft? .....  Yes  No

Does the applicant need Crime coverage? .....  Yes  No

Does the applicant need Employment Practices Liability? .....  Yes  No

Does the applicant need Cyber Liability? .....  Yes  No

Does the applicant need any Life and Health Insurance? .....  Yes  No

**Prior Carrier Information:**

| Year | Category | GL | Auto | Property | WC | Umbrella |    |
|------|----------|----|------|----------|----|----------|----|
|      | Carrier  |    |      |          |    |          |    |
|      | Policy # |    |      |          |    |          |    |
|      | Premium  | \$ | \$   | \$       | \$ | \$       | \$ |
|      | Eff Date |    |      |          |    |          |    |
|      | Exp Date |    |      |          |    |          |    |
|      | Carrier  |    |      |          |    |          |    |
|      | Policy # |    |      |          |    |          |    |
|      | Premium  | \$ | \$   | \$       | \$ | \$       | \$ |
|      | Eff Date |    |      |          |    |          |    |
|      | Exp Date |    |      |          |    |          |    |
|      | Carrier  |    |      |          |    |          |    |
|      | Policy # |    |      |          |    |          |    |
|      | Premium  | \$ | \$   | \$       | \$ | \$       | \$ |
|      | Eff Date |    |      |          |    |          |    |
|      | Exp Date |    |      |          |    |          |    |
|      | Carrier  |    |      |          |    |          |    |
|      | Policy # |    |      |          |    |          |    |
|      | Premium  | \$ | \$   | \$       | \$ | \$       | \$ |
|      | Eff Date |    |      |          |    |          |    |
|      | Exp Date |    |      |          |    |          |    |

Is this a split account, if yes who: \_\_\_\_\_

Any specific markets you would like approached? \_\_\_\_\_

Any notes to New Business? \_\_\_\_\_