

COMMERCIAL INSURANCE INFORMATION FORM

LEGAL NAME OF BUSINESS: _____

PHYSICAL ADDRESS: _____

PHONE: _____ FAX: _____

WEB ADDRESS: _____

CONTACT: _____ EMAIL: _____

DESCRIPTION OF BUSINESS AND SUMMARY OF OPERATIONS:

NUMBER OF EMPLOYEES: _____ NUMBER OF OWNED AUTOS _____

ESTIMATED GROSS REVENUE: _____ FEIN # _____

ESTIMATED GROSS PAYROLL: _____ RENEWAL DATE: _____

ADDITIONAL PHYSICAL LOCATIONS (IF ANY):

REQUESTING QUOTES FOR THE FOLLOWING COVERAGE: (Please circle all that apply)

General Liability Property Workers Compensation Commercial Auto

Umbrella Contractors Equipment Directors and Officers Cyber Liability

OTHER: _____

***This form will be forwarded to an insurance advisor within the agency. After reviewing the information, someone will be in touch with you to discuss in further detail.**