

Commercial Prospect Sheet

Date: _____ Name of Business: _____
(Corp / Sole Prop / Partnership?): _____
Fed ID # / Social Security #: _____

Operations (What do they do?) _____
Location Address: _____
Billing Address: _____

Owner Name: _____
Phone #: _____
Fax #: _____
Email: _____

Years in Business? _____ # Of Years Experience? _____
Hours of Operation: _____
Expiring Carrier(s)? _____ Expiration Dates?: _____
_____ Expiration Dates?: _____
_____ Expiration Dates?: _____

Any Losses in past 5 years? (Details if yes) _____

Property Values:

Building Limit (Owned/Rent/3 rd Party Lease?) \$
Contents Limits (Office, Shelves): \$
Inventory / Stock for Sale: \$
Rental Income (if insured has tenants) \$
Deductible Desired: (250/500/1000/2500/5000) \$

Flood Exposure? (Yes / No?) (Quote Desired? Need Flood Zone) _____

If you suffered a loss – how long would it take you to get back on your feet? Do you have a plan? _____

Apartments/Offices/Other Occupants upstairs? (Yes - how many?) (Vacant / Occupied?) _____

Square Footage of Building (By Floor) (Basement – Yes? No?) (1st Floor) _____
(2nd Floor) _____
(3rd Floor) _____

Sprinklers/Alarm System / Cameras / Exterior Lighting / Roll-Downs? _____

Condition of Neighborhood / Sidewalks / Gutters / Neighboring Buildings? _____
Freestanding Building? (Yes / No?)

Distance on Left/Right/Rear Sides? _____

Diagram of Building (Simple Line Drawing & attach photo)

(Street view including number of stories):

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Inland Marine:

Does the insured Import or Export? (Yes / No?)
Ocean Cargo / Transit Needed? (Yes / No?) Limit Desired? \$

Care/Custody/Control (Bailees) Other People's Property? (Yes / No?) Limit Desired? \$

Specialty Equipment Values? (Tools/Forklifts, etc) \$
Computer Values

Equipment to be Scheduled? (Description / Serial # / Value) \$
\$
\$

Peak Season? (Yes/No?) % Inventory Increases & Dates if Yes: _____

Lottery Tickets/Bus Passes/Stamps/Electric Bills/Western Union Services Provided?
If Yes: Daily Cash on Premises (Average/Max Values): \$
Deposits made daily?

General Liability:

Limit Required? \$
Annual Sales \$
Payroll \$
Number of Full time/Part Time employees? _____
Subcontractor's Used? (Yes/No?) If Yes: \$ Paid to them?
of Students? _____
Square Footage: _____

Get a Brochure/Business card and ask about products and or operations – more details the better! _____

Auto Exposure:

Limit Required? \$
Coverages Desired (Towing/Rental Reimbursement/Drive Other Car Coverage? (Yes/No?)
Do owner's have a separate personal auto policy in force? (Yes/No?)
Number of Vehicles: _____
Physical Damage Deductibles (Comp/Coll): _____
Garagekeeper's Required?
Driver Info (Name/Date of Birth/ License#) for all drivers: _____

Umbrella:

Limit Desired?

Worker's Compensation

#Owners/Officers? _____ # Full & Part-time Employees F ____
Class Code(s)? _____ (payrolls) _____ P ____
_____ (payrolls) _____

Do employee live or work in other states or travel out of the country?