

**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?) (1<sup>st</sup> Floor) \_\_\_\_\_  
  (2<sup>nd</sup> Floor) \_\_\_\_\_  
(3<sup>rd</sup> 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?