



Commercial Insurance Application

NAMED INSURED: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

WEBSITE ADDRESS: _____

INSURANCE CONTACT _____

TYPE OF ENTITY **Corporation** **Partnership** **Joint Venture**

Individual **Other – Describe** _____

Federal Tax ID Number _____

In Business Since _____

DESCRIPTION OF OPERATIONS:

PRIOR CARRIER HISTORY (if no prior coverage, please indicate)

Insurance Company _____ Policy Number _____ Policy Term _____

Insurance Company _____ Policy Number _____ Policy Term _____

Insurance Company _____ Policy Number _____ Policy Term _____



MORTGAGES/LOSS PAYEES

Name _____

Address _____

Loan/Account # _____

Name _____

Address _____

Loan/Account # _____

COMMERCIAL LIABILITY

Limits	General Aggregate	\$ _____
	Fire Damage	\$ _____
	Medical Expense	\$ _____
	Products & Completed Operations	\$ _____
	Personal & Advertising Injury	\$ _____
	Each Occurrence	\$ _____
	Employee Benefits Liability	\$ _____

Estimated Annual Payroll, excluding Sales and Clerical \$ _____

Estimated Annual Receipts (All sources of revenue) \$ _____

ADDITIONAL INSUREDS (ie. Landlord)

Name _____

Address _____

Name _____

Address _____

BUSINESS AUTOMOBILE

LIMITS OF LIABILITY

Bodily Injury & Property Damage \$ _____

Medical Payments \$ _____

Comprehensive Deductible \$ _____

Collision Deductible \$ _____

Hired/Non-Owned Auto \$ _____

Do any employees use their vehicles on a regular basis for your company? _____

If so, indicate the number of employees _____

If owned vehicles are to be covered, please complete the next page. Vehicles must be registered to the named insured.

DESCRIPTION OF OWNED VEHICLES

Year _____ **Make** _____ **Model** _____

Vehicle Identification # _____

Cost new _____ **Garage Location** _____

Driver Name / License # _____

How is this vehicle used? _____

Year _____ **Make** _____ **Model** _____

Vehicle Identification # _____

Cost new _____ **Garage Location** _____

Driver Name / License # _____

How is this vehicle used? _____

Year _____ **Make** _____ **Model** _____

Vehicle Identification # _____

Cost new _____ **Garage Location** _____

Driver Name / License # _____

How is this vehicle used? _____

Workers Compensation

Classification	# of Employees	Est. Annual Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____

Officers	% Owned	Duties	Include/Exclude
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LOSS INFORMATION

Has your business had any known losses in the past three years? Yes or No

If available, please attach/request three years of currently valued loss information from your current insurance provider.

 AUTHORIZED SIGNATURE

 DATE