



General Information

Please complete information below. **IMPORTANT:** This form is not an insurance policy-it is general information necessary to prepare a quotation of insurance coverages on your behalf. Note that Insurance Carriers may require a completed, signed application with additional questions specific to their product offerings.

Desired Effective Date of Coverage: ___ / ___ /20 ___

Legal Business Name:							
Physical address > Mailing Address:							
Phone:					Text:		
Website Address:					Facebook:		
FEIN:							
Contact Name:					Date of Birth:		
Contact Email address:					Military Services:		
Contact Phone Number:					Sports Team:		
Legal Entity:	LLC	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other: <input type="checkbox"/>
Year Business Began:							
Years of Owner's experience in industry:							
Annual Revenues:					Annual Payrolls:		
Total Number of Employees:	Full Time:			Part Time:			
Description of your Business Operations:							
Any Autos Owned by Business?							
Do you have current insurance in place?	No:		Yes:		Expires on:		
Have you had any insurance claims?							
If so, please describe:							
Loss runs (claims history SEND)							
Additional Named Insureds/FEINs:							





General Liability

Aggregate Limit Desired			
Occurrence Limit Desired			
Do you use sub-contractors?	Yes:	No:	
Annual Cost for your Sub-contractors			
Do you retain certificates from your sub-contractors?	Yes:	No:	
Are you required to provide certificates of liability to others?	Yes:	No:	
Contracts: Is Additional Insured status required?			
Contracts: Is Waiver of Subrogation required?			
Contracts: Is Primary Non-Contributory wording required?			
Contracts: Is Non-Owned/Hired Auto Liability required?			
Are Professional Services Provided?	Yes:	No:	
Professional Service Description:			
Total annual website sales	\$		
Employee Benefits Liability coverage desired?	Yes:	No:	
Umbrella Liability coverage desired?	Yes:	No:	
Umbrella Liability Limit required			

Do you require Professional Liability coverage? Yes No

Do you require Errors & Omissions Liability coverage? Yes No

Do you require Directors & Officers Liability coverage: Yes No

Do you require Employment Related Practices Coverage: Yes No

Do you require Cyber Liability Coverage: Yes No

Current Coverage Information

Name of your current insurance company:			
Current Policy Number:			
Current Expiration date on policy:			
Have you filed an insurance claim?	Yes:	No:	
Briefly describe your loss:			





Property / Location

Complete a separate page for each building and/or location please

Location Address							
Building Owner's Name:							
Do you Own or Rent the building?		Own:			Rent:		
Please indicate type of other occupants in building		Office	Retail		Restaurant	other n/a	
Year Built:					Number of Stories:		
Construction Type: (Frame, Masonry/block, Steel, Non-combustible, etc.)							
Roof material: (metal, shingles, built up etc.)							
Total square feet of building:					Total square feet you occupy:		
Fire Protection sprinklered?		Yes		No		Date	
Central Station Burglar Alarm System?		Yes		No		Cameras	
Smoke/Fire Detectors?		Yes		No		Last Tested	
Has roof been replaced/repared?		Yes		No		Year	
Has plumbing been updated?		Yes		No		Year	
Has Heat/AC been updated/replaced?		Yes		No		Year	
Has Electrical been updated?		Yes		No		Year	
Wire type (copper/aluminum/unknown)		Copper:		Aluminum:		Unkn:	
Building Limit required:		\$			No coverage required		
Contents (personal property) limit required:							
Deductible desired:		\$1000	\$2500		Other	\$	
Business Income Coverage desired?		Yes:			No:		
If leasing to others, what is the monthly rental income (total rents)?		n/a					
Flood coverage required (limit)?		Yes	\$		No		
Earthquake coverage required (limit)?		Yes	\$		No		
Wind or Hail coverage required?		Yes	\$		No		
Name of	Mortgage Company	Landlord					
Address							
City/State/Zip Code							
Mortgage loan number							
Is this a Triple Net Lease contract?		Yes:		No:			





Workers Compensation

List all states of operation:			TN		
Experience mod factor: (if applicable) - Current copy of mod worksheet if applicable					
Officers-List all owners/officers below. % ownership must = 100%					
Name	Title	Date of Birth	% ownership	Payroll	Include/Exclude

Coverage limits:

Employers Liability:	Yes	No	Yes	No	Yes	No
Bodily Injury by Accident (each accident)	\$100,000		\$500,000		\$1,000,000	
Bodily Injury by Disease (policy limit)	\$500,000		\$500,000		\$1,000,000	
Bodily Injury by Disease (each employee)	\$100,000		\$500,000		\$1,000,000	

NCCI Code	State	Job Description	Annual Payroll

A copy of your current workers compensation policy will have the necessary codes/descriptions





Commercial Auto Coverage

Coverage	Limit	Deductible	Include	
Auto Liability	\$1,000,000 CSL	N/A	Yes	
Medical Payments	\$5,000	N/A	Yes	
Uninsured Motorist	\$1,000,000 CSL	\$300	Yes	
Collision Coverage	\$500/\$1,000/\$2,500		Yes	
Comprehensive Coverage	\$500/\$1,000/\$2,500		Yes	
Towing	\$50/\$75/\$100		Yes	
Rental Reimbursement	\$30/day	\$50/day	N/A	Yes

CSL- combined single limit

Driver Information

Name	Date of Birth	State	License Number	Tickets/Accidents?
				No
				No
				No
				No
				No
				No
				No

Vehicle 1

Year	
Make	
Model	
VIN	
Gross Vehicle Weight	
Cost New	
Garaging zip code	
Radius of use	
Use of auto (delivery, service calls etc.)	
Assigned driver name	
Name on vehicle registration	



Optional Coverages:

Our office can also obtain additional quotes for the below insurance coverages. Please Check Mark any that you would like to have quoted. These coverages may require additional information.

Cyber Liability	Employment Practices Liability	Professional Liability
Directors & Officers Liability	Fiduciary Liability	Pollution Liability
Crime Coverage	ERISA Coverage	Computer Coverage
Cargo Coverage	Builder's Risk Coverage	Contractor's Equipment Coverage
Garage Liability	Equipment Breakdown Coverage	Bonds
Earthquake	Flood	Wind or Hail
Life Insurance	Key Man Coverage	Health Insurance
Group Life	Retirement	Long Term Care