



GENERAL INFORMATION INTAKE FORM

Referred by: _____

Current Insurance: _____

Current Premium: \$ _____

Effective Date: _____

Coverage Needed: General Liability Commerical Property Umbrella/Excess Liability
 Professional Liability Commercial Auto Workers Compensation Garage/Dealers

Basic Information:

Insured Legal Name: _____

Entity Type: _____ FEIN: _____ - _____

Primary Contact: _____ Website: _____

Do you? Lease Own Office at Home

Mailing Address: _____

Physical Address: _____

Phone: _____ Cell: _____ Email: _____

Operations Information:

Date Business Started: _____ Experience in Industry: _____

Description of Operations:

Business Owner Name	Date of Birth	Social Security Number	% Owned

Total Annual Gross Sales Amount (If Start-Up, Use Projected): \$ _____

Do You Have Employees? _____

If Yes, # of Employees: _____ Total Annual Employee Payroll Amount: \$ _____

Do You Use Sub-Contractors? _____

If Yes, Total Annual Amount Paid to Subs: \$ _____

IF NEEDED, Coverage for Tools & Equipment: \$ _____

IF NEEDED, Coverage for Business Personal Property (Computers, etc): \$ _____

Have You Had Any Liability Claims in the Last 5 Years? _____

If please provide:

Date of Loss	Description