

Commercial Insurance - Basic Application

(Depending on the coverage requested or type of business, additional applications may be required)

General Information

Contact Name _____ E-mail: _____
Business Name _____ DBA _____
Address _____ FEIN: _____
City _____ State _____ Zip _____
Business Phone _____ Cell Phone _____ Fax _____
Current Insurance Company (not agency) _____ Expiration Date _____

Current Insurance Coverages / Requested Coverages

___ Workers' Compensation ___ Commercial Liability ___ Commercial Auto ___ Commercial Property
___ Commercial Umbrella ___ Bond ___ Professional Liability ___ Directors & Officers Liability ___ Other _____

Business Information

of Full-Time Employees _____ # of Part-Time Employees _____ How long in business? (years) _____ How many locations? _____
Please give a brief description of your business operations _____

Commercial Liability Insurance Information

Annual Revenue \$ _____ Annual Payroll \$ _____ Total Number of Employees _____
Limits Requested ___ \$500,000 ___ \$1,000,000 ___ \$2,000,000 ___ other \$ _____

Workers Compensation Coverage Information

Projected employee payrolls or payrolls currently listed on the policy

Class Code	Description	Payroll	Employee Count: Full time / Part Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As a corporate officer, you may elect to either include or exclude yourself from Workers Compensation benefits.

- 1.) How many corporate officers are there? _____
- 2.) If more than 1, please list ownership percentages
Name of the Officer _____ Title _____ % ownership _____
Name of the Officer _____ Title _____ % ownership _____
- 3.) Do all corporate officers wish to be Included in coverage? _____ or Excluded _____

Describe any claims you've had in the past 5 years _____

In order to secure the best possible premiums, our carriers require that we provide loss history. Your current/prior agent can provide these to you at no additional cost.

Additional Comments _____

PLEASE READ AND SIGN BELOW

Signing this Application and Declaration does not bind the applicant or the underwriter to complete the insurance.
I declare that the statements and estimates made herein are true to the best of my knowledge and belief.

Name _____ Signature _____
(Please print) (As authorized person for on behalf of the APPLICANT)

Title _____ Date _____



PLEASE SIGN AND RETURN COMPLETED FORM TO:

Insurance Amount Services LLC

If you have any questions, please call 262-842-2300

kathy@insuranceamount.com

www.insuranceamount.com