

Commercial Lines Prospect Information:

Applicant Name: _____

Business Location Address: _____

Website Address: _____

Description of Business Operations: _____

Number of Years your applicant has owned and operated this business? _____

If new in business or less than 3 years of insurance history:

a. How many years of experience does the applicant have in this trade? _____

b. Does this experience include management experience? _____

c. Identify certifications and/or education applicant has in this trade: _____

What insurance company insures this business now? _____

Why is the applicant seeking an alternative carrier? _____

If looking for a lower premium, what are they paying now? _____

What losses does the applicant recall to the best of their knowledge in the past 3 years? _____

Number of Full Time Employees without owner(s): _____

Number of Part Time Employees without owner(s): _____

Estimated annual payroll without owner(s): _____

Number of Owners, other than clerical, active in the business: _____

If applicant is a contractor, what percentage of work is sublet to others? _____
