



Commercial Lines New Business Quote Sheet

COMMERCIAL LINES SALES QUESTIONS

Business Name:	
Agent Name:	Date:
How did you hear about us:	
If Referral Who Referred:	If Other:
Why are you shopping today: Price Service Busienss Change Other	
If price, other than price what is important to you in selecting an agent?	
Introduce yourself to the prospect with your personal pitch	Explain why this agency and what an independent agent is

What policies are you looking for a quote on?

- | | | | |
|-----------------------|-------------------|------------------------|-----------------|
| Workers' Compensation | General Liability | Business Owners Policy | Commercial Auto |
| Commercial Umbrella | EPLI | Cyber Liability | E&O |
| Commercial Property | Inland Marine | Keyman/Life Insurance | |

Other than the policy you are looking for, do you have any other policies with other agencies?

Yes No What? _____

Would you like me to work to find you all the discounts you qualify for?

Yes No If no, why? _____

When and how will you be finalizing your insurance decision?

What were you paying for insurance?

What did your renewal come in at?

Sales Tips

Used Client Name Worked to quote 3+ lines of coverage

Discussed other decision makers Quoted 2-3 options for the client

Set Time With Client to Deliver Options: Date: _____ Time: _____

Eff Date: _____ Submitted Date: _____

Name a Person Providing Information: _____

Business Owner's Full Name: _____ DBA: _____

Home Address: _____

Mailing Address: _____

DOB: _____

Contact: _____ Entity Type: Ind Corp LLC Partnership Other

FEIN or SSN: _____ DOB: _____

Bus Phone: _____ Bus Fax: _____ Cell: _____

Email: _____ Website: _____

Description of Business: _____

Year Business Started: _____

Prior / Current Carrier: _____ Target Premium: _____

Has the policy(s) ever been declined, cancelled or non-renewed in the past 3 years? If so: Why? How many losses? (Ask for ALL policies being considered-Ask for loss runs) What are the dates of loss?

Description of loss: Is the claim opened or closed? Payments and reserve amounts?

Policy Numbers: _____

General Liability

GL Limits: _____ / _____

Liability Code: _____ Liability Code: _____

Payroll w/o Owners: _____ Number of Owners: _____

Annual Sales/Revenue/Rents: _____ Total Area: _____

Gross Receipts: _____ Sub-contractor Cost: _____

How many full time employees? _____ How many part-time employees? _____

Property

Location #1 Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Protection Class: _____

Total SF: _____ Merchant SF: _____ City Limits: Inside Outside

Interest: Owner Tenant % Occupied: _____ Basement: Yes No

Construction Type: _____ Year Built: _____ # of Stories: _____

Update Year Roof: _____ Plumbing: _____ Electrical: _____ Heating: _____

Building Coverage: _____ RC ACV Co Ins %: _____ Ded: _____

Contents / BPP: _____ RC ACV Co Ins %: _____ Ded: _____

Annual Revenue: _____ Sign: Metal Frame Other

Distance to Fire Hydrant: _____ Fire Station: _____

Is applicant a subsidiary of another entity? _____

Mechanical Breakdown / Boiler: _____

Other Occupancies: _____ Area Leased: _____

Alarm System: _____ Central Station: _____ % Sprinkler: _____ Central Station: _____ %

Front Exposure & Distance: _____ Rear Exposure & Distance: _____

Right Exposure & Distance: _____ Left Exposure & Distance: _____

Any exposure to flammables, explosives or chemicals? _____ If yes, please explain: _____

Lien Holder / Add. Insured: _____

Property - Additional Locations or Buildings If Needed

Location #2 Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Protection Class: _____

Total SF: _____ Merchant SF: _____ City Limits: Inside Outside

Interest: Owner Tenant % Occupied: _____ Basement: Yes No

Construction Type: _____ Year Built: _____ # of Stories: _____

Update Year Roof: _____ Plumbing: _____ Electrical: _____ Heating: _____

Building Coverage: _____ RC ACV Co Ins %: _____ Ded: _____

Contents / BPP: _____ RC ACV Co Ins %: _____ Ded: _____

Annual Revenue: _____ Sign: Metal Frame Other

Distance to Fire Hydrant: _____ Fire Station: _____

Is applicant a subsidiary of another entity? _____

Mechanical Breakdown / Boiler: _____

Other Occupancies: _____ Area Leased: _____

Alarm System: _____ Central Station: _____ % Sprinkler: _____ Central Station: _____ %

Front Exposure & Distance: _____ Rear Exposure & Distance: _____

Right Exposure & Distance: _____ Left Exposure & Distance: _____

Any exposure to flammables, explosives or chemicals? _____ If yes, please explain: _____

Lien Holder / Add. Insured: _____

Business Auto

Liability CSL: _____

UM/UIM: _____

Medical: _____

Hired / Non Owned: _____

Comprehensive Ded: _____ Collision Ded: _____

Garage Keepers Limit: _____ Ded: _____ Max Ded: _____

Open Lot Limit: _____ Ded: _____ Max Ded: _____

	Year	Make / Model	Body Type	VIN Number	Comp		Coll		Cost New
1.	_____	_____	_____	_____	Y	N	Y	N	_____
2.	_____	_____	_____	_____	Y	N	Y	N	_____
3.	_____	_____	_____	_____	Y	N	Y	N	_____
4.	_____	_____	_____	_____	Y	N	Y	N	_____
5.	_____	_____	_____	_____	Y	N	Y	N	_____

	Driver's Full Name	DOB	License #	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Where are autos garaged? _____

Do any drivers require SR22's? _____

Are any vehicles leased to others? Y N If yes, please explain: _____

Additional Insured's / Loss Payee's: _____

Commercial Trucking

Years in Business: _____ How many years of CDL experience? _____

Can you provide Motor vehicle reports for all drivers? _____ Years of Experience as Driver: _____

MVR – Any points on your record? _____ Years of Experience as Driver: _____

List of Drivers with copy of driver's license: _____

What are you Hauling? _____

DOT Number: _____

Does the insured need any filings? (State, Federal, or Both) _____

This Years estimated: _____ Gross Receipts: _____ Total Mileage: _____

Value of per truck load: _____

Last Year: _____ Gross Receipts: _____ Total Mileage: _____

Do you need Auto Coverage? _____ Do you need Non-Trucking Liability Coverage? _____

Do you need PD only Coverage? _____

Carrier? Common, Contract or Private? _____

Prior Coverage: _____

Company: _____

Effective Date: _____ Expiration Date: _____

Ask them for 3 yrs loss run (send us a copy)

Builder Risk

Type of Project: New Remodel Tear Down Resident Commercial

Effective Date Needed: _____

More than one building or structure? (Details) _____

Construction Type: _____

Building: _____ Roof: _____ # of Stories: _____

Occupancy: Single Family Dwelling Greater than one unit

Occupied during construction? _____ Square footage (including basement): _____

Model Home? _____ Date Project Started: _____ Date of expected completion? _____

Value of: Structure: _____ Property: _____

Name of Contractor: _____

Restaurant

Any entertainment? _____

Dancing? _____ Music? _____ Stage Area? _____

What type of food will you serve? (Send copy of Menu if you have it) _____

Do you sell Liquor? Do you want Liquor liability? _____

Does the insured require all bartenders and serving staff to go through a safety prevention program such as TIPS?

Does the bar stay open after the kitchen closes? _____

Has the insured ever had any liquor liability claims or citations? _____

Annual Sales: _____ % Food: _____ % Alcohol: _____

Annual Payroll: _____ How many employees? _____ Full Time? _____ Part Time? _____

Equipment: \$ Value? _____

Business Personal Property Value? (Tables, Chairs, etc) _____

Prior Carrier Information: _____

Effective/Expiration Dates of prior coverage: _____

Square Ft of Building: _____ Any improvements/betterments? \$Value? _____

Total Square Ft you Occupy: _____ Year Built: _____ Construction of the building: _____

Roof Type: _____ Heating Type: _____ # of Stories: _____

Sprinkler system: _____ Alarm: _____

Updates: if updates give detail and date of updates on building

Will any Business Autos be covered: (Year, Make Model, Vin, Value)

Drivers: (Send copy of driver's lic and SS#)

HOA

Year Property Built: _____ Date of Completion: _____

Number of current units/houses: Number at Final Build out: _____

Construction completed? Date Completed: _____ Average Unit Value? _____

Annual Sales: _____ Annual Budget: _____ Annual Payroll: _____

How many employees: _____ How many Members/Officers/Directors? _____

Prior Carrier Information

Effective/Expiration Dates of prior coverage: _____

Club House: _____ Square Ft of Building: _____ Year Built: _____

Construction of the building: _____ Roof Type: _____ # of Stories: _____

Heating Type: _____ Sprinkler system: _____ Alarm: _____

Updates: if updates give detail and date of updates on building

Any updates since built? List with Dates: _____

List of any other Properties/common areas/Exposures with values that need to be listed.

Examples: Gates, fences, walls, pools, spa, playground, tennis court, Guardhouse, etc

A fidelity bond/dishonesty bond is a form of insurance protection which covers losses that the policyholder incurs as a result of fraudulent acts by individuals. It is used by an association to insure losses caused by the dishonest acts of the association's employees, board members or officers. (Have to be convicted of the crime before paid out to Association)

Directors and Officers Errors and Omissions Coverage is a kind of liability insurance that zeros in on who it protects, in this case directors and officers of an HOA. D&O protects against claims made against an HOA's members while they're serving and is geared toward the individual. Some D&O coverages cover legal fees and additional costs related to a legal matter.

Contractors

Will you be working commercial or residential properties? If both, please give percentages for each.

Commercial: _____ % Residential: _____ %

Cost of sub-contractors: _____

Will your subs carry their own insurance? _____

How many employees: _____ How many Members/Officers/Directors? _____

Prior Carrier Information

Effective/Expiration Dates: _____

Required to carry certain limits, we will need copy of these requirements:

Location Information

Own Location or Rent/Lease: _____ **If own – Value: \$** _____

Value of Business Personal Property/Contents: _____

Square Ft of Building: _____ **Total Square Ft you Occupy:** _____ **Year Built:** _____

Construction of the building: _____ **Roof Type:** _____ **# of Stories:** _____

Heating Type: _____ **Sprinkler system:** _____ **Alarm:** _____

Updates: if updates give detail and date of updates on building

Misc.

Equipment/Tools: Value \$ _____

Will any Business Autos be covered:

Year: _____ **Make:** _____ **Model:** _____ **VIN:** _____

Drivers: _____

Copy of Drivers Lic: _____ **Date of Birth:** _____

Drives Lic #: _____ **State:** _____

Notes