

Commercial Application
Dickerson Employee Benefits Insurance Services
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Insured Name: _____

DBA's _____

Is the Insured a subsidiary of another entity? _____

Does the insured have subsidiaries? _____

If so, provide the company name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Location 2: _____

Location 3: _____

Entity Type: _____ Year Business Started: _____

Federal Tax ID: _____

Description of Operations: _____

Website: _____ Import? _____

Contact Person: _____

Phone: _____ FAX: _____

Email address: _____

Formal Safety Program in place? _____ How often are the meetings? _____

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Exposure to flammables/chemicals _____

Has the current policy been cancelled or non-renewed? _____

Any judgements or liens on the business? _____

SQ FT Occupy: _____ **# of Stories:** _____ **Basement?** _____ **Year built:** _____ **Sprinklered?** _____

Construction Type: _____ **Roof type:** _____ **Alarm Type:** _____

Upgrades: _____ **Roof:** _____ **Electrical:** _____ **Plumbing:** _____ **Heating & A/C:** _____

Describe other occupancies: _____

Current General Liability Policy:

Insurance company: _____ Pol #: _____

Limits each occurrence: _____ Aggregate: _____

Expiration date: _____ Expiring Premium: _____

Gross Sales: _____ **% product sales** _____ **% installation** _____

Do EE's drive their own vehicle on company time? _____ **% of use during business?** _____

Please have the client provide current + 3 years of claim history if they have prior coverage

Current Property Policy:

Insurance Company: _____ Pol. #: _____

Contents Limit: _____ **Deductible:** _____

Tenant Improvements value: _____ **Equipment value:** _____

Stock Value: _____ **Property of Others:** _____

Please have the client provide current + 3 years of claim history if they have prior coverage

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Commercial Auto Policy:
Insurance Company: _____ **Pol. #:** _____

Policy expiration date: _____ **Any State filing?** _____

List of vehicles:

YEAR: _____ **Make/Model:** _____ **GARAGING ZIP:** _____

VIN: _____ **GVW:** _____ **RADIUS:** _____

YEAR: _____ **Make/Model:** _____ **GARAGING ZIP:** _____

VIN: _____ **GVW:** _____ **RADIUS:** _____

Driver List:

Legal name: _____

DOB: _____ **Lic #:** _____

Legal name: _____

DOB: _____ **Lic #:** _____

Legal name: _____

DOB: _____ **Lic #:** _____

Please have the client provide current + 3 years of claim history if they have prior coverage