

Date: \_\_\_\_\_ Taken By: \_\_\_\_\_ Spoke With: \_\_\_\_\_ Source: \_\_\_\_\_ Producer: \_\_\_\_\_

## Business Owners Package Intake Form

Official Business Name Registered with NY State: \_\_\_\_\_

D/B/A \_\_\_\_\_ FEIN or SS #: \_\_\_\_\_

Type of Ownership: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Are they open for business? Date Started/ Date Starting: \_\_\_\_\_ Years Experience in Industry: \_\_\_\_\_

DETAILED Description of Operations / Products Sold / Work Performed:

\_\_\_\_\_  
\_\_\_\_\_

Estimated Annual Receipts/Rents (Including New Ventures): \$ \_\_\_\_\_ Estimated Annual Payroll: \$ \_\_\_\_\_

Full Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_ 1099 Employees \_\_\_\_\_

Own or Rent Location: \_\_\_\_\_ Name of Mortgagee/Landlord If Needing A/I Status: \_\_\_\_\_

Coverage Limits: Building: \$ \_\_\_\_\_ Contents: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Liability: \$ \_\_\_\_\_ / Occurrence \$ \_\_\_\_\_ / Aggregate Umbrella: \$ \_\_\_\_\_

Construction Type of Building:

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Square Footage of Entire Building: \_\_\_\_\_

Total Square Footage Insured Occupies: \_\_\_\_\_ vs Square Footage Open to Public: \_\_\_\_\_ Finished Basement: Y / N

Other Occupancies In Building and Sq Ftg of Each (EX: Apartments, Fast Food, etc.): \_\_\_\_\_

Sprinklered: Y / N Central Station Alarm: Burglar / Fire / None

Year of Updates to Wiring: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roof Construction Type: \_\_\_\_\_

Currently Insured? If Not – Why? \_\_\_\_\_ Current/Previous Carrier: \_\_\_\_\_

Please indicate if the following apply: Insured's Policy is Being Non-Renewed (Please Indicate Reason) / Insured is Shopping

Policy Number: \_\_\_\_\_ Renewal/Expiration Date: \_\_\_\_\_ Current / Target Premium: \_\_\_\_\_

Details of Losses in Last 5 Years: \_\_\_\_\_

Would you also like a quote for: Worker's Compensation / Disability / Auto / Flood

\*\*\*Please complete applicable form for each additional line of business\*\*\*