

Initial Client Review – Commercial Risk



Name: _____ Phone: _____
 Mailing Address: _____ Contact: _____
 Location Address: _____
 Detailed description of business: _____

Corp. Individual Partnership Association Other: _____
 How long in business? _____ Product brochures obtained? Yes No
 How long with current carrier? _____ Happy with carrier/agent? _____
 Reason for changing from current carrier/agent: _____

Any exposure in other states? Yes No If yes, name of states: _____
 Average longevity of employees: _____
 Personal Insurance with same company/agency: _____
 Life/Health with same carrier/agency: _____
 What is client looking for in agent? _____

Property – Photo Yes No
 Construction:
 Alarms/Sprinklers:
 PC: Distance to Hydrant:
 Date built:
 Age of electrical/plumbing systems:
 Square footage:
 # of Stories:
 Years at this location:
 Safe:
 Other Tenants:
 Deductible:
 Values: Bldg.:
 Loss of Income:
 Contents:
 Signs:
 Inland Marine:
 EDP:
 Glass:
 System Protector:
 Spoilage:

Losses (by policy type)
 Property: Auto:
 Liability: Crime:
 Workers Comp: Umbrella:
Note: 3 full years of hard loss runs are required for risks that generate \$10,000 of more in premium or is to be experienced rated.

Liability
 # of Employees: Full-time Part-time
 Payroll:
 Sales/Receipts:
 Limits: Occurrence:
 General Aggregate:
 Products Aggregate:
 Pers. & Adv.:
 Fire Legal:
 Medical:
 Professional (limited classes eligible at NW):

Carrier: Date:
 Annual Premium:
 Copy of Policy: Yes No

Carrier: Date:
 Annual Premium:
 Copy of Policy: Yes No