Initial Client Review – Commercial Risk

	Nat	ionwide`
Name:	Phone:	
Mailing Address:		
Location Address:		
Detailed description of business:		
Corp. Individual Partnership A How long in business?	Product brochures obtained? Yes No Happy with carrier/agent?	
Any exposure in other states? Yes No If yes, nar		
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	Losses (by policy type)	
Construction:	Property: Auto:	
Alarms/Sprinklers: PC: Distance to Hydrant:	Liability: Crime:	
Date built: Age of electrical/plumbing systems:	Workers Comp: Umbrella:	
Square footage:	Note: 2 Gill come of hand loss must an manifed for misks that	aonorata
# of Stories: Years at this location:	Note: 3 full years of hard loss runs are required for risks that \$10,000 of more in premium or is to be experienced rated.	generuie
Safe:		
Other Tenants:	Liability	
Deductible:	# of Employees: Full-time Part-time	
Values: Bldg.:	Payroll: Sales/Receipts:	
Loss of Income: Contents:	Limits: Occurrence:	
Signs:	General Aggregate:	
Inland Marine:	Products Aggregate:	
EDP:	Pers. & Adv.: Fire Legal:	
Glass: System Protector:	Medical:	
Spoilage:	Professional (limited classes	
- FQ	eligible at NW):	
Comien	Carrier: Date:	
Carrier: Date: Annual Premium:	Annual Premium:	
Copy of Policy: Yes No	Copy of Policy: Yes No	