

Business Insurance Request Form

To submit completed application:

- Save this document to your device
- Complete the application and save
- Click **SUBMIT** to email the completed application to us



Business Information

- Business Name: _____
- Business Type: _____
(e.g., LLC, Corporation, Sole Proprietorship)
- Industry/Sector: _____
(e.g., Retail, Construction, IT Services)
- Business Address:
Street: _____
City: _____ State: _____ ZIP: _____
- Business Phone: _____
- Business Email: _____
- Website (if applicable): _____
- Years in Operation: _____
- Number of Employees: _____

Contact Person

- Full Name: _____
- Title/Role: _____
- Phone Number: _____
- Email Address: _____

Coverage Needs

- Requested Coverage Start Date: _____
- Types of Coverage Requested (check all that apply):

☐ General Liability

- ☐ Commercial Property
- ☐ Business Interruption
- ☐ Workers' Compensation
- ☐ Professional Liability (Errors & Omissions)
- ☐ Commercial Auto
- ☐ Cyber Liability
- ☐ Product Liability
- ☐ Other: _____

- Estimated Annual Revenue: \$_____
- Estimated Value of Business Property: \$_____
- Do you currently have business insurance? ☐ Yes ☐ No

If yes, please provide:

- Current Provider: _____
- Policy Expiration Date: _____
- Any claims in the past 5 years? ☐ Yes ☐ No

If yes, describe: _____

Additional Details

- Do you operate from multiple locations? ☐ Yes ☐ No

If yes, list additional addresses: _____

- Do you use subcontractors or temporary workers? ☐ Yes ☐ No
- Do you store sensitive customer data (e.g., credit cards, health info)? ☐ Yes ☐ No
- Do you manufacture or distribute physical products? ☐ Yes ☐ No

If yes, describe: _____

Save document to your device and complete before submitting!