



ACORD 125

Business Name: _____
Owner: 1) _____ **Title:** _____ **Email:** _____
Contact Person: _____ **Wk Phone:** _____ **Cell:** _____ **Fax:** _____
Ownership Type: INDIV. PARTNERSHIP CORP. LLC OTHER _____
Description of Business: _____
Years in Business: _____ **Years of Experience:** _____ **New Venture** _____
Current Ins. Co.: _____ **Premium:\$** _____ **Renewal/Effective:** _____
Claims: YES NO
Location: _____
Mailing: _____
Type of Insurance Requested: BOP GL WC COMM. AUTO BOND EPLI OTHER _____

ACORD 126

Liability Limit: \$1M/\$2M OTHER:\$ _____
Hours of Operation: _____
Annual Sales/ Gross: \$ _____

ACORD 140

of Stories: _____ **Building Area** _____ **SQFT** **Tenant Area** _____ **SQFT**
Any Re-Modeling: _____ **Plumbing yr** _____ **Electrical yr** _____ **Roof yr** _____
Construction Type: _____ **Build. Sprinklers:** YES NO **Year Built:** _____
Alarm Type: Central Local **Company:** _____ **Cellular Backup:** YES NO
***If no cellular backup, are you willing to acquire it:** YES NO
Deductible: \$2500 \$5000 **Build. Limit \$** _____ **Bus. Prop Coverage \$** _____ **Ext Sign \$** _____

ACORD 130

Total # of Employee(s) _____
Federal Tax ID: _____
FT _____ **PT** _____ **Class Code** _____ **Payroll** _____
FT _____ **PT** _____ **Class Code** _____ **Payroll** _____

Officer Name	Title	Ownership %	Excluded Y/N	Payroll
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOR GAS STATION OR CONVENIENCE STORE

% Annual GAS Sales _____ **% Annual FOOD Sales** _____ **% Annual LIQUOR Sales** _____
Check Cashing: YES NO ***If yes, do you advertise?** YES NO **Gun in Store:** YES NO
***If Comm. Auto, list of drivers and vehicles is needed**
Vehicles
 1) _____ **VIN#** _____ **Value** _____ **RADIUS** _____
Drivers
 1) _____ **DL#** _____ **DOB** _____ **Married** _____ **Single** _____