

Complete Submission Checklist

Commercial Package Policies



To ensure proper processing, all information below must be included with each submission. Please check the boxes below to indicate required information is included in the applications, and fill in all blank fields.

GENERAL

Loss Runs (3 complete years)
 Target premium: _____
 Controlled Business New Business
 Average weekly attendance: _____
 Month/Year Founded: _____
 Number of claims in last three years: _____
 Reason for marketing account/pain points:

Agency Code: _____
FEIN: _____
Insured Name: _____
Agency Contact Name: _____
Agency Contact Phone: _____
Agency Contact Email: _____

Description of claims, applicable repairs, and what has been done to prevent future losses:

If the account has been cancelled or non-renewed, please explain why:

PROPERTY

Location address (city, state, zip)	Additional Coverages
Occupancy	Construction Type
Building & contents limit	Year of Construction
Cause of Loss	Update years for plumbing, heating, electrical, roof
Coinsurance	Number of stories
AOP Deductible	Ground floor square feet
Feet to Hydrant	Basement square feet
Valuation: RC or ACV	Roof type

LIABILITY/INLAND MARINE/CRIME

Number of Employees

LIABILITY		INLAND MARINE	CRIME
Limits	Coverages desired with limits	Limits	Limits
Class Codes	Current retro dates for claims made coverage	Deductibles	Deductibles

