



Phone: (904) 262-8080 | Fax: (904) 262-1444

Commercial Insurance Risk Profile Form

General Information

Contact: _____ Entity Name: _____ DBA: _____

Business Description: _____

Mailing Address: _____

Phone: _____ Fax: _____ Website: _____

Email: _____

Years in Business: _____ **Any losses last 5 years?** Yes No

If yes, date of loss, cause of loss and amount paid: _____

FEIN: _____ Individual Partnership Corporation Other _____

State Where Corporation Domiciled: _____ Days/Hours of Operation: _____

Owner of Premises Tenant # of Employees: _____

Do you own or operate any other business? Yes No

If yes, name and nature of business: _____

Property (complete this information for each location)

Current Coverage with _____ Expires: _____

Number of Locations: _____

Main Location Address: _____

Year Building was built: _____ If over 15 years old, improvements made? Yes No

Year Improvements: Wiring: _____ Plumbing: _____ Roofing: _____ Heating: _____

Construction Type: MNC NC Joisted Masonry Frame Total Building Square Feet _____

Roof Type: _____ % Area Occupied: _____ # Stories: _____

Is Building Sprinklered? Yes No What %? _____ Occupancy of Building: _____

Other tenants and class of business: _____

Protective Devices: Fire Alarm Burglar Alarm Burglar Alarm Type: _____

Building Value: _____ Business Personal Property Value: _____

Electronic Data Processing Equipment (computers, printers, fax, copier, etc.) Value: _____

Commercial Insurance Risk Profile Form

Commercial General Liability

Current Coverage with: _____ Expires: _____
 General Liability Limit Needed: _____ Gross Sales: _____
 Area/Square Footage Occupied by Tenant: _____ Annual Payroll: _____
 Contractors: % of work subcontracted: _____ Install, Service or Demonstrate Products? Yes No

Additional Coverages to Discuss

Professional Liability / E&O: _____ D&O: _____ Other: _____
 Umbrella: _____ Crime: _____

Workers' Compensation

Current Coverage with: _____ Expires: _____
 Annual Payroll: _____ Full Time employees: _____ Part Time employees: _____
 Drug Free Credit Safety Program Credit Exp Mod & Date Effective: _____
 Written permission to obtain current Exp Mod? Prior Exp Mod? _____

Class Code	Class Description	Rate	Payroll

Loss History – (attach currently valued Loss Runs – 5 years)

* Please give explanation on any large claim over \$10,000 or any frequency of claim issues.

Individuals Included/Excluded

Partners, officers, relatives to be included or excluded. (Remuneration to be included must be a part of rating information section.)

#	Name	DOB	Title/ Relationship	Owner- ship	Duties	Inc/ Exc	Class Code	Remuneration

Commercial Insurance Risk Profile Form

Auto

Driver Name	DOB	Marital Status	DL #	Relationship to Insured

Vehicle Description (Year, Make & Model)	Stated Value	Cost New	VIN	Assigned Driver/Use	How Titled?

Current Coverage with: _____ Expires: _____

Who writes personal auto? _____

Anyone not have separate personal auto policy? If not, who? _____

Limits:

Liability: _____ Deductibles for Comp/Collision: _____ / _____

Uninsured Motorist: _____ Towing: \$ _____

Medical Payment: _____ Rental: \$ _____

Loss history? _____
