

Hutcherson

INSURANCE SERVICES

Business - Auto - Home - Life - Health

1212 N. Locust Street
Denton, TX 76201
940.382.9696 - Office

Commercial New Business Request Form

Date Taken: _____ Taken By: _____

General Information: Effective Date: _____

Name of Business: _____ FEIN: _____

DBA (if applicable): _____

Type of Business: _____ Experience (Years): _____

Physical Address: _____ TX _____

Mailing Address: _____

Phone No.: _____ Fax No.: _____ Email: _____

Name of Owner(s): _____ Ownership: _____% SSN: _____

_____ Ownership: _____% SSN: _____

Prior Coverage: Yes No If "Yes", provide name of carrier: _____

Policy No.: _____ Effective Date: _____ Premium: \$ _____

Any claims in previous (5) years: Yes No If "Yes", provide details: _____

Property Information:

Year Built: _____ Total Sq. Ft of Bldg: _____ Total Sq. Ft Occupied: _____

Year of Update: Wiring _____ Plumbing _____ Heating _____ Roof _____

Type of Construction: Masonry Veneer Tilt Wall Metal Frame

Other: _____

Type of Roof: Comp Metal Roll Tar/Gravel Other: _____

Other Occupants: Office Retail Restaurant Service

Adjacent Structures / Distance: Left _____

Right _____ Rear _____

Value of Building to Insure: \$ _____

Value of Contents: \$ _____ Value of Inventory: \$ _____

Monthly Business Income: \$ _____ W/O Extra Expense \$ _____

Benefit Period (months): 3 6 12 Other: _____

Mortgagee or Loss Payee: Yes No If "Yes", please provide Name and Address:

General Liability Information:

Gross Annual Sales (estimated): \$ _____
Total Annual Payroll: \$ _____ Total No. of Employees: _____
Payroll Breakdown (\$ or %): Owners _____ Sales _____
Clerical _____ Others _____
Total Cost of Subcontractor Labor: \$ _____
Are Subcontractors insured? Yes No
Do you maintain certificates? Yes No
Limits required? \$500k agg \$1m agg \$2m agg Other: \$ _____
Are additional insureds required? Yes No
If "Yes", provide name(s) & address(es): _____

Commercial Auto Information:

Liability Bodily Injury: 25/50 50/100 100/300 250/500
Property Damage: 25 50 100 250

OR

CSL: 100 250 300 500 \$1M

Uninsured Motorist Liability: 25/50 50/100 100/300 250/500
Property Damage: 25 50 100 250

OR

UMCSL: 100 250 300 500 \$1M

Comprehensive deductible: 250 500 1000
Vehicles for Comp: 1 2 3
Collision Deductible: 250 500 1000
Vehicles for Collision: 1 2 3
Personal Injury Protection: REJECT 1000 2500 5000 Other: _____
Medical Payments: REJECT 1000 2500 5000 Other: _____

Vehicle Information:

Vehicle #1: Year: _____ Make: _____ Model: _____ Value: _____

VIN: _____ Att. Equipment Value: \$ _____

GVW: _____ Radius Used: _____ Type of Hitch: _____

Use: Commercial Retail Service

Vehicle #2: Year: _____ Make: _____ Model: _____ Value: _____

VIN: _____ Att. Equipment Value: \$ _____

GVW: _____ Radius Used: _____ Type of Hitch: _____

Use: Commercial Retail Service

Vehicle #3: Year: _____ Make: _____ Model: _____ Value: _____

VIN: _____ Att. Equipment Value: \$ _____

GVW: _____ Radius Used: _____ Type of Hitch: _____

Use: Commercial Retail Service

Driver Information:

Driver #1 Name: _____ Date of Birth: _____ TX DL #: _____
Tickets or Accidents? Yes No If "Yes", provide details and dates: _____

Driver #2 Name: _____ Date of Birth: _____ TX DL #: _____
Tickets or Accidents? Yes No If "Yes", provide details and dates: _____

Driver #3 Name: _____ Date of Birth: _____ TX DL #: _____
Tickets or Accidents? Yes No If "Yes", provide details and dates: _____

Comments: _____

Fax completed form to 940.387.6962.