

ASSOCIATED NEW BUSINESS EXPOSURE WORKSHEET

Business Name _____
Primary Contact _____
Billing Contact (if different) _____
Mailing Address _____
Location (if different) _____
Federal ID Number (FEIN) _____
Website _____
Desired effective date _____
Description of Operations: _____

Provide values of the following:

Building		Business Personal Property	
Scheduled Equipment		Property Deductible	

Building Information:

Own or Rent		If Renting (improvement amount)	
Year Built		Square Footage (Occupied area)	
Construction Type		Structural Updates? If so, what year?	
Operations of other tenants (if applicable)		Is the Building sprinklered (Y/N)	
Is there a functional burglar alarm? (Y/N)		Is the building wired to a central station?	

Business information:

Number of employees		Estimated annual revenue		Year business started	
----------------------------	--	---------------------------------	--	------------------------------	--

Commercial Autos (Use separate sheet if needed):

Year	Make	Model	VIN	Coverage Options	Deductible	Garaging location

Driver Information (Use separate sheet if needed):

Name	DOB	Driver License #	State Issued

Workers' Compensation information:

Job description (Ex - sales, admin, etc.)	State	Annual Payroll

Owner names and officer names	Included or excluded	Title	Duties



ASSOCIATED NEW BUSINESS EXPOSURE WORKSHEET

Requested coverage:

	Property	<i>Specialty Lines-Supplemental Apps Required</i>	
	General Liability		Directors & Officers Liability
	Owned Automobiles		Professional Liability (E&O)
	WC employers liability limit		Crime (Employee Theft)
	Umbrella Liability		Cyber Liability
	Scheduled Equipment		Special Event Liability
	Employee Benefits Liability		Sexual Abuse & Molestation
	Employment Practices Liability		Other:

Have there been any claims in past 5 years? If so, please provide details.

Yes No

Date of claim	Claim Detail	Claim Amount

Additional Locations

Additional Notes:

