



Commercial Application

Business Name*

Address*

Phone*

Fax

Email*

FEIN

Years in Business

Type of Business, LLC? Corp? Sole Proprietor etc.

Locations

Requested Effective Date*

Business Contact Name

Owner Information, Names, Dates of Birth,
% of Ownership.

Owners to be included or excluded?

Detailed Description & Nature of Business

Known Class Codes

Number of Employees

Annual Revenue & Payroll (broken down by
class code)

Current or Previous Policy Premium**

* Information Needed

**Please provide a copy of Claims/Loss History Report

**Please provide Current Insurance Declaration Pages