|  |  |
| --- | --- |
| **General Intake** |  |
| Business Name |  |
| Entity Type |  |
| Intake Completed with |  |
| Owner(s) Names & % of ownership |  |
| Owner(s) DOB |  |
| Business Description |  |
| Business Address (note if physical is different) |  |
| Business Started |  |
| Current Insurance/ Date coverage needed? |  |
| Losses- Request Loss Runs |  |
| Contact Information |  |
| Industry Experience |  |
| Receipts (broken down if multiple) |  |
| Employees |  |
| Payroll |  |
| Subcontractors? |  |
| Sub Agreements? |  |
| Subbed Out work: |  |
| Special Requirements needed |  |
| Bond Only- SSN |  |
| GL, IM, BPP/Inventory, Tools, Excess, Cyber, EPL |  |
| What has them looking for new coverage? |  |
| Operating outside of WA? |  |
| Additional Notes: |  |

**Referral Source?**

**Commercial Auto**

|  |  |
| --- | --- |
| Business Name |  |
| Owner(s) Name |  |
| Owner(s) DOB |  |
| Business Description |  |
| Business Address |  |
| Business Started |  |
| Current Insurance |  |
| Losses- Request Loss Runs |  |
| Contact Information |  |
| Industry Experience |  |
| Receipts (broken down if multiple) |  |
| Employees/Drivers- DOB |  |
| EIN- Needed for Prog |  |
| Vehicles (Values) |  |