|  |  |
| --- | --- |
| **Account Review** |  |
| Any Name, Owner or Entity Changes? |  |
| Contact Info updates? |  |
| Review Completed with |  |
| Changes to Operation? |  |
| Location Changes? |  |
| Business Description |  |
| Receipts (broken down if multiple) |  |
| Employees |  |
| Payroll |  |
| Subcontractors? |  |
| Sub Agreements? |  |
| Subbed Out work: |  |
| GL, IM, BPP/Inventory, Tools, Excess, Cyber, EPL. HNOA, Stop GAP, etc coverage review |  |
| Additional Notes: |  |

**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) |  |