



Date: _____

Name: _____

Mailing Address: _____

Location: _____

Phone: _____ Fax: _____

Email: _____

Description of Business

Number of Full Time Employees: _____ Part Time: _____

Federal ID Number: _____ Years in Business: _____

RI State Unemployment ID#: _____

Inspection Contact: _____

Current Insurance Company: _____

Policy Expiration Date(s): _____

Name(s) of Corporate Officers

President: _____

A. PROPERTY

How long owned building: _____ In business: _____

Sprinklered? _____ Alarms? _____ Square Footage: _____

of Stories: _____ Construction: _____ Basement: _____

Roof: _____ Electric: _____ Plumbing: _____ Heat: _____

Building Limit: _____ BPP Limit: _____ Deductible: _____

Other occupants: _____

Rents: _____

Mortgagee: _____

Loss Payees: _____



C. Workers Compensation: Payroll and Classification Schedule

Current Experience Modification: _____

D. General Liability: Payroll and Classification Schedule

Coverage Limits: _____

Annual Estimated Sales: _____

Parking area: _____

E. Business Auto: Drivers List

Vehicles owned or leased: _____

Vehicle list: Description / cost new / GVW

Loss History: _____

Please attach any additional information that you think will be of assistance in the review of your insurance account. We may need hard copy prior claims history from your current insurance carrier as well. **We thank you in advance for giving the opportunity to offer our services.**