

COMMERCIAL CLIENT INTAKE QUESTIONNAIRE

Insured Legal Name: _____

DBA: _____

Operations Description: _____

Primary Location Address: _____

Annual Revenue: _____ Payroll: _____ # Employees: _____

Locations: _____

Vehicles: Year/Make/Model/VIN _____

Drivers: Name / DOB / License # _____

Property Values: Building _____ BPP _____ BI _____

Claims in 5 Years: _____

Desired Effective Date: _____