

New Submission Intake Form

Risk Business Name: _____

Address: _____

Primary Contact

Phone Number _____ Email Address: _____

When is the quote needed? _____

Effective/Target Date: _____ Years in Business: _____

Why are they shopping? _____

Narrative of risk and operations:

Annual Gross Receipts _____ Current carrier and premium: _____ Target premium: _____

Total losses by year for the last 5 years (include loss runs)

Past Year	2nd Past Year	3rd Past Year	4th Past Year	5th Past Year
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_____	_____	_____	_____	_____
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Is the insured being offered a renewal quote? Yes No

Claim detail: _____

If they are being cancelled/nonrenewed, please give the reason why

What markets have been approached, and what are their responses?

Complete Submission includes:

- Acord apps by lines of business including an Acord 125
- Statement of Values
- 5 year loss runs
- Narrative of operations/cover letter
- Photos of all structures

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