

Commercial Insurance Application

Date: _____
 Applicant: _____

Referral from: _____
 Tel #: _____ Cell # _____

Insurance Information:

Name of Business:			
Address:	City	County	State & Zip Code
Description of Operation:			
Years Experience in this Field:		Years in this location:	

Prior Insurance Information:

Current Carrier:	Effective Date:	Annual Premium:
Losses during the past three years:		
Date	Type	Amount Paid

Property Information:

Construction Type: Frame (), J/M (), NC (), MNC (), Fire Resistive ()				
Left Exposure:		Right Exposure:		
Year Built	# of Stories:	Sq. Ft:		
Sprinklers: Y (), N ()	Burglar Central Alarm: Y (), N ()	Fire Central Alarm: Y (), N ()		
Renovation Year: (if property > 25 yrs)	Wiring	Roof	plumbing	Heat
Coverage:				
Building:	Contents:	Deductible:		

General Liability:

Annual Sales(est.)	# of Employees:	Full Time:	Part Time:
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Workers' Compensation Coverage:

FEIN:	Maximum # of employees per shift at any one location:		
Type of Work	# of Employee (full/Part Time)	Total Payroll	

International Insurance of Georgia: Fax # 770-455-3228 or E-mail to Us