Walker Professional Insurance

Business Application

General Information

Entity Name: _____ Effective Date: _____

Legal Name including Entity type (LLC, Corporation, etc)

Address: _____

Street Address *City* *State* *ZIP Code*

Phone #: _____ Website: _____ FEIN #: _____

Contact Name: _____ Email: _____

Date Business Established: _____ Annual Sales (estimate if none yet): **$** _____

Description of Operations: _____

_____

_____

Current Insurance Company: _____

Description of Prior Claims (last 5 years): _____

General Liability Coverage

Liability Limits Desired:

- ☐ $1,000,000 Occurrence / $2,000,000 Aggregate *(Default Limit)*
- ☐ $2,000,000 Occurrence / $4,000,000 Aggregate *(Optional Increased Limit)*

Optional Coverages:

- ☐ Employee Benefits Liability *(Recommended if a Group Health Plan is provided to Employees)*
- ☐ Employment Practices Liability *(Coverage for employee harassment & discrimination allegations)*
- ☐ Cyber Liability

Additional Information:

Office Square footage: _____ Annual Payroll: _____ Subcontracted Costs: _____

Type of work performed by Subcontractors: _____

Commercial Umbrella

Liability Limits Desired:

- ☐ $1,000,000
- ☐ $2,000,000
- ☐ $3,000,000
- ☐ $4,000,000
- ☐ $5,000,000

Commercial Property

Location Address: _____

Year Built: _____ # Stories: _____ Construction: _____ Square Feet: _____ Sprinklered? No

IF more than 25 years old, what year(s) were the following updated?

Roof: _____ Heating: _____ Electrical: _____ Plumbing: _____

Your Business is the Building: ☐ Owner ☐ Tenant

Building Limit (if applicable): $_____ Business Contents Limit: $_____

Mobile Equipment Limit (equipment taken to jobsite): $_____

Description of Mobile Equipment: _____

Commercial Auto

Driver Information:

Name: _____ Date of Birth: _____ Driver License Number: _____
Name: _____ Date of Birth: _____ Driver License Number: _____
Name: _____ Date of Birth: _____ Driver License Number: _____

Vehicle's Titled/Leased in the Business Name:

VIN: _____ Year/Make/Model: _____ Value: _____
VIN: _____ Year/Make/Model: _____ Value: _____
VIN: _____ Year/Make/Model: _____ Value: _____

Workers Compensation

**Required by law if you have W-2 Employees*

Employee Information:

Job Description: _____ # Employees: _____ Annual Payroll: _____
Job Description: _____ # Employees: _____ Annual Payroll: _____
Job Description: _____ # Employees: _____ Annual Payroll: _____

Additional Information/Comments

_____

_____

_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that additional coverages and alternative limits may be provided based on the information provided above.

Signature: _____ Date: _____