



Commercial Prospect Sheet
Email or Fax Completed Form
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Fax: 706-320-3848

Effective Date: _____

Legal Name: _____ Contact: _____
Phone: _____ Fax: _____ Cell: _____
Years Established/Yrs. Experience: _____ FEIN: _____
Email: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Location Address: _____ City: _____ State: _____ Zip: _____
Describe Operations in detail: _____
Prior Losses: _____ Cancelled/Non-renewed in the last 3 yrs. _____

Property

Construction: _____ Square Footage: _____ # Stores: _____
Year Built: _____ Sprinklered: _____ C/S Alarm: _____ Fire/Burglary: _____
Updates? _____ Wiring: _____ Roof: _____ HVAC: _____ Plumbing: _____
Building Limits: _____ BPP Limit: _____ BI/EE: _____
Deductible: _____ Current Carrier: _____ Expiring Premium: _____

General Liability

Occurrence Limit: _____ Aggregate Limit: _____ Gross Annual Sales: _____
Of Employees: _____ Hired/Non-Owned Liability Needed? _____
Employee Benefits Liability: _____ Current Carrier: _____ Expiring Premium: _____
Additional Coverage Requested: _____
GL Class/ Description: _____ Sales/Payroll/ Other: _____
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Additional Insured(s): _____
Blanket Additional Insured Endorsement: _____
Blanket Waiver of Subrogation: _____ Ongoing Operation: () Yes () No
Completed Operations: () Yes () No

Umbrella

Limit: _____ Aggregate Limit: _____
Underlying Coverage Included: () General Liability () Auto Liability () Employers Liability
() Liquor Liability () Hired/ Non-Owned Auto () Employer Benefits
Current Carrier: _____ Expiring Premium: _____
Blanket Additional Insured Endorsement: _____



Automobile

CSL: \$ _____ UM/UIM: \$ _____ Med Pay: \$ _____
 Current Carrier: _____ Current Premium: \$ _____
 Blanket Additional Insured Endorsement: _____

Year	Make	Model	VIN	Use	Radius	Cost New	Comp/Coll

Driver List

Driver Name	Date of Birth	State	Driver's License

Workers Compensation

Each Accident: \$ _____ Policy Limit: \$ _____ Each Employee: \$ _____
 Experience Mod: _____ Deductible: \$ _____ Drug- Free? _____
 Current Carrier: _____ Expiring Premium: _____
 Class: _____ Payroll: _____ # Employees: _____
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OFFICERS:

Name: _____ Title: _____ %Ownership _____ Incl/Excl _____
 Name: _____ Title: _____ %Ownership _____ Incl/Excl _____
 Name: _____ Title: _____ %Ownership _____ Incl/Excl _____
 Blanket or Single Waiver of Subrogation: _____

Mobile Equipment

Year	Make	Model	Serial Number	AVC

Unscheduled Tools Limit: _____ Unscheduled Equipment Limit: _____
 Rented/Leased/Borrowed Equipment Limit: _____ Deductible: _____
 Current Carrier: _____ Expiring Premium: _____

Special Requirements

Employee Dishonesty: _____
 ERISA Plan Name: _____
 D & O: _____ EPLI: _____ E & O: _____