Commercial Umbrella / Excess Liability — Prospect Intake Form

Business Snapshot

Business Name:		**DBA (if different):**	
Business/Office Address:		**City / State / ZIP:**	
Mailing Address (if different):		**City / State / ZIP:**	
Contact Name:		**Phone:**	
Email:		**Entity Type (LLC, Corp, Sole Prop, etc.):**	
Years in Business:		**Annual Revenue (approx.):**	
Federal EIN:		**Website (if any):**	

Underlying Coverage

Underlying GL Carrier & Limits:	
Underlying Auto Carrier & Limits:	
Underlying Employers Liability Limits (if applicable):	
Any Other Underlying Coverage (e.g., watercraft, liquor liability):	

Exposure

Describe Business Operations:	
Any Products Sold, Manufactured, or Distributed? (describe):	
Any Foreign Operations or Sales? (Y/N — describe):	
Number of Vehicles / Drivers (if auto is a factor):	

Coverage Requested

Desired Umbrella/Excess Limits:	
Self-Insured Retention Desired (if not following underlying):	

Loss History

Any Liability Claims in the Past 5 Years (Underlying or Umbrella)? (Y/N	

— describe):	
Current/Prior Carrier & Expiring Premium (if known):	
Requested Effective Date:	