

## 5: Commercial Lines Policy Review

Name \_\_\_\_\_ Indiv \_\_\_\_\_ Corp \_\_\_\_\_ Part \_\_\_\_\_  
 Contact and Telephone # \_\_\_\_\_  
 P.O. Address \_\_\_\_\_  
 Brief description of risk \_\_\_\_\_  
 Sales/receipts \_\_\_\_\_ # Emp \_\_\_\_\_ Area \_\_\_\_\_ Parking area \_\_\_\_\_  
 Compensation \_\_\_\_\_  
 Classification Payroll Pension plan Yes \_\_\_ No \_\_\_ Group Plan Yes \_\_\_ No \_\_\_

### Property Values

#### Building:

Amount	Address	Type Bldg	Const	ACV/Repl	Co-Ins.
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

Contents

1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

Deductible \_\_\_\_\_ BLANKET \_\_\_\_\_ Perils \_\_\_\_\_  
 Mortgagee \_\_\_\_\_

#### Loss Payable

Earnings \_\_\_\_\_ Type \_\_\_\_\_ Form \_\_\_\_\_ Co-Ins \_\_\_\_\_ Excl Ord P/R \_\_\_\_\_  
 Rents \_\_\_\_\_ Sprinkler \_\_\_\_\_ Glass \_\_\_\_\_  
 Alarm? \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_ Cert. # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Hold-Up In \_\_\_\_\_ Out \_\_\_\_\_ Hoc \_\_\_\_\_ Safe Burg \_\_\_\_\_  
 Boiler \_\_\_ Pressure Vessels \_\_\_\_\_ A/C? \_\_\_\_\_ Misc. Elec \_\_\_\_\_ R&R \_\_\_\_\_ U&O \_\_\_\_\_  
 Limits of Liability: \$300,000 \$500,000 \$1,000,000 Med Pay \_\_\_\_\_  
 Umbrella Limits: \$1,000,000 \$2,000,000 \_\_\_\_\_  
 Inds. Contractors; Owner's Protective; Products; Completed Operate.;  
 Fidelity; Fiduciary; Additional Insured \_\_\_\_\_  
 PI \_\_\_\_\_ DEL C \_\_\_\_\_ EMP/ADD/INSD \_\_\_\_\_ Auto Non-own \_\_\_\_\_ Hired car \_\_\_\_\_  
 WDLL \_\_\_\_\_ FLL \_\_\_\_\_ Liq Law LL \_\_\_\_\_ Vendors \_\_\_\_\_ Contractual \_\_\_\_\_  
 Transit \_\_\_\_\_

### VEHICLES:

	Year/Make/Model	Trucks GVW	Cost New	Serial #	Ded Comp	Ded Coll
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Limits \_\_\_\_\_ Towing \_\_\_\_\_ PIP \_\_\_\_\_

Loss Payee \_\_\_\_\_ Vehicle # \_\_\_\_\_

Drivers	D.O.B.	License #	Acc/Violations
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Officers, Partners, Management Name	Title	Activities
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Newsletter Y \_\_\_\_\_ N \_\_\_\_\_ New Acct Letter \_\_\_\_\_

Submitted By \_\_\_\_\_ Dear \_\_\_\_\_  
Date \_\_\_\_\_

Use space below for comments and details. **IMPORTANT:** Attach pictures; leases; literature; brochures; loss history; purchase orders; and present coverage