

Agent Name	
Policyholder Name	
Target "Need By" Date	
Reason for Shopping	
Website	

Does the Agency control the Account? Yes No

Premiums		
	Expiring	Target
GL		
Auto		
Umbrella		
WC		
Total		

Tell us about your client's business

Please include the following:

- A description of operations
- Percent of Metro work, if applicable
- Year Business started
- Gross sales, payroll, and number of employees
- Years of experience in the field or trade
- Safety or maintenance activities/programs
- Prior Carrier Information (Last 5 years)

If more space is required, please continue on Page 2.

Loss Information/Details (or attach loss runs)	
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Details of Last 5 Jobs and Locations (Contractors)	List of Tenants and Their Operations (Lessor's Risk)

Tell us about your client's business (cont.)

Checklist of items to include in your complete submission to the Underwriter:

- This Agency Narrative document
- Completed ACORD forms
- Completed Supplemental Application on the insured's operations
- Loss Runs
- Photos
- Drivers List and MVR's