

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

Premiums		
	Expiring	Target
GL		
Auto		
Umbrella		
WC		
Total		

Does the Agency control the Account? Yes ☐ No ☐

Tell us about your client's business

Please include the following:

- A description of operations
- Year Business started
- Years of experience in the field or trade
- Percent of Metro work, if applicable
- Gross sales, payroll, and number of employees
- 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:

- | | |
|---|--|
| <input type="radio"/> This Agency Narrative document | <input type="radio"/> Loss Runs |
| <input type="radio"/> Completed ACORD forms | <input type="radio"/> Photos |
| <input type="radio"/> Completed Supplemental Application
on the insured's operations | <input type="radio"/> Drivers List and MVR's |