

## Small Business Fact Sheet

### Owners

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ SS #: \_\_\_\_\_

If there is more than one owner please list: \_\_\_\_\_

### Business Information

Business Name: \_\_\_\_\_ LLC, Corp Other \_\_\_\_\_

DBA: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

FEIN: \_\_\_\_\_ or SS# \_\_\_\_\_

SIC #: \_\_\_\_\_ NAIC CODE #: \_\_\_\_\_

Date company started: \_\_\_\_\_

Date you want the new policy to start: \_\_\_\_\_

Description: (what do you offer) \_\_\_\_\_

Percent of work done off site: \_\_\_\_\_

How many vendors shows do you do a year? \_\_\_\_\_

Annual Gross: \_\_\_\_\_ New Business (estimate of new year income): \_\_\_\_\_

Payroll Premium: \_\_\_\_\_ Number of employees: \_\_\_\_\_ full or \_\_\_\_\_ partial

Liability Limits: \_\_\_\_\_ PPI: \_\_\_\_\_ Inland Maine: \_\_\_\_\_

### PRIOR CARRIER INFORMATION

Carrier Policy # \_\_\_\_\_ Policy Period \_\_\_\_\_ Premium \_\_\_\_\_

Reported Losses: \_\_\_\_\_

Do you need commercial auto: \_\_\_\_\_ OR Umbrella: \_\_\_\_\_