



Commercial Insurance Annual Policy Review

Business Name:

Person Completing This Form:

Address:

Email:

Best Contact Phone Number:

Commercial Property Section

Do you have your Commercial Property Insurance through another agency? _____

If so, when does it renew: _____

What Insurance Company is the coverage with? _____

Have you made any recent improvements or upgrades to any of your commercial property location?

Yes _____ No _____

Building Value:

Contents Value:

Property Deductible:



Business Income (Revenue):

Construction:

Year Built:

Year- Roof Updated:

Year- HVAC Unit Updated:

Year- Electrical Updated:

Year- Plumbing / Water Heater Updated:

Is the building equipped with a Central Monitored Fire & Burglar Alarm?

Is the building equipped with a Sprinkler System?

Is there any equipment that you need to add / remove from your policy? _____

If so, please attach an updated equipment list.

Commercial General Liability Section

Do you have your General Liability Insurance through another agency? _____

If so, when does it renew: _____

What Insurance Company is the coverage with? _____

Has anything changed about your operations in the last year?



Have you started offering any additional services that you did not offer last year?

Please provide your gross annual sales for the last 12 months: _____

Please provide your projected gross annual sales for the next 12 months: _____

Workers' Compensation Section

Do you have your Workers Compensation Insurance through another agency? _____

If so, when does it renew: _____

What Insurance Company is the coverage with? _____

Do you use a payroll service similar to ADP or Paychecks? _____

Please provide your total payroll for clerical type employees for the past 12 months: _____

Projected payroll next 12 months for clerical employees: _____

Please provide your total payroll for other than clerical type employees for the past 12 months:

Projected payroll next 12 months for other than clerical employees: _____

Please list all owners, officer, or partners for the business. Please include their annual salary and indicate if the desire to be included for Workers Compensation Coverage:

Owner Name	Earnings / Salary	Include in WC Coverage	Exclude from WC Coverage

Please list all states that you did business in last year or intend on doing business in next year:



Commercial Auto Insurance Section

Do you have your Commercial Auto Insurance through another agency? _____

If so, when does it renew: _____

What Insurance Company is the coverage with? _____

Please provide us with an updated driver and vehicle list including the info below:

Driver Section:

Add or Remove Driver	Driver Name	Birthday	License #	License State	Violations / Accidents	Required to carry SR-22

Vehicle Section:

Add or Remove Vehicle	Vehicle Make	Vehicle Model	VIN	Radius of Operation	Full Coverage Check for Yes



Additional Coverages to Consider

Below are some additional coverages that we recommend to all businesses.

Some may be already listed on your current policy.

If additional coverage is desired we will provide an updated proposal with the desired coverage.

If it is already on your policy- We'll let you know that too!

Property Additional Coverages	Check Box for Desired Coverage
Tools & Equipment	_____
Commercial Flood Insurance	_____
Earthquake Coverage for Property	_____
General Liability Additional Coverages	_____
Employment Related Practices Liability (Hiring, Firing, Wrongful Term., Sexual Harassment Coverage)	_____
Cyber Liability / Data Compromise	_____
Professional Liability / Errors & Omissions	_____
Employee Benefits Liability – (Covers Errors made by your employee benefits administrator)	_____
Umbrella Liability Policy	_____
An additional layer of liability coverage for when your GL, Auto, or Work Comp Policies don't have enough coverage.	_____
Additional Agency Offerings	
Employee Group Benefits (Accident, Disability, Critical Illness, Group Life)	_____
Business Owner Personal Lines (Home, Auto, Recreational Lines)	_____
Business Owners Long Term Care Insurance	_____
Business Owners Life Insurance	_____



Best Date to Discuss Renewal Form Answers: _____

Preferred time of day to contact: _____

Best Phone Number: _____

This form may be submitted by the methods below:

Fax:

615-396-0561

Email:

info@theclientsinsagency.com

Mail:

The Client's Insurance Agency LLC

C/O Commercial Renewals

508 S Church St Ste C

Murfreesboro, TN 37130

Please use the space below for any additional notes that you would like to provide: