GASLAMP INSURANCE

New Client Profile

Date: _____

☐ General Liability ☐ Workers' Comp. ☐ Property ☐ Inland Marine ☐ Other: _____

Business Name & Contact: _____ License #: _____

Address: _____

Office #: _____ Cell #: _____ Fax #: _____

Email : _____ Website: _____

Business Description/Operations

Current Carrier: _____ Current Premium: _____

Years in business: _____ Total Years Experience: _____

Business Structure: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other : _____

Current Sales: _____ Prior Year Sales: _____ Next Year Sales: _____

Payroll: _____ Sub Costs: _____ # of Employees: _____

Percentage of Work Performed:	Res %:	Comm %:	Industrial %:
Interior %:	Exterior %:	New %:	Remodel %:

Losses in Past 3 years: 1) _____

2) _____

Description of Operations: _____

_____

_____

_____

# of Additional Insd's Needed: _____ Blanket A. I.: ☐ Yes ☐ No Waiver of Sub.: ☐ Yes ☐ No

Limits Requested: ☐ 500/500 ☐ 500/1000 ☐ 1000/1000 ☐ 1000/2000

☐ HOA ☐ Roofing ☐ Framing ☐ Grading ☐ Foundation ☐ Swimming Pools ☐ Demolition

☐ Tracts / How Many: _____ ☐ Hillside / What %: _____ ☐ Trenching / Depth _____ ☐ OTHER: _____

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