

**Commercial Lines of Insurance Application**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Current Insurance Company: \_\_\_\_\_  
Current Premium: \_\_\_\_\_

<b><u>PROPERTY:</u></b>	<b>Location 1</b>	<b>Location 2</b>	<b>Location 3</b>
Building Value _____	\$ _____	\$ _____	\$ _____
Business Property _____	\$ _____	\$ _____	\$ _____
Business Income _____	\$ _____	\$ _____	\$ _____
Computer Coverage _____	\$ _____	\$ _____	\$ _____
Consumer Goods _____	\$ _____	\$ _____	\$ _____
Construction Type _____ (Wooden, Brick, or Other)	_____	_____	_____

General Liability:  
Limit of Liability \_\_\_\_\_ \$  
Per Occurrence \_\_\_\_\_ \$  
Aggregate \_\_\_\_\_ \$  
Sales \_\_\_\_\_ \$

Do you own any other businesses?      Yes     No       What Type? \_\_\_\_\_  
How Long? \_\_\_\_\_

**AUTOMOBILE:**

Where Garaged? City/State	Cost New	Year	Make	Model	GVW
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

Limits of Coverage: Please indicate the current level of coverage, or deductible.

Liability	Med Pay	Um/Un	PIP	Comp	Collision
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

**WORKERS COMPENSATION:**      Owner Covered?    Yes     No

Payroll _____	\$ _____
Owner Salary _____	\$ _____
_____	\$ _____
Clerical _____	\$ _____
Salesman _____	\$ _____

Umbrella Coverage:  
Umbrella Limit \_\_\_\_\_ \$

List any losses which occurred in the last three years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Thank You for Choosing Cailor Fleming & Associates for Your Insurance Needs.  
Please Complete Form and Mail to:  
Cailor Fleming Insurance  
P.O. Box 3989, Youngstown, Ohio 44513***