



INTAKE INFO REQUEST

1169 Hilltop Pkwy, #205A / PO Box 775128,
Steamboat Springs, CO 80477
Ph: (970) 879-2265
Web: www.alpineinsurancesteamboat.com

Commercial General Liability Insurance

Today's date: _____ Potential Policy Start Date: _____

How did you find out about us? 1) I have other policies here 2) Referred; by _____

3) Internet/Website 4) Phone Book 5) Solicitation 6) Return Client or Rewrite

Basic Business Info:		
Legal Name of Business:		FEIN:
Type of Entity (circle 1): Individual Partnership Corporation LLC Association		SSN:
Do you have a DBA?		
Names of Owners / Officers:		
Ownership percentage (for each):		
Description of business operations:		
# Years in business:	# Years of experience:	Claims/Loss History?
Current insurance carrier:		Premium:
Are any other corporations/businesses owned by you?		

Contact Information		
Main Phone:	Cell Phone:	Preference: Call Text Email
Email:	Website:	
Mailing Address:		
Physical Address:		
Do you own or rent this property?		

Details Of Operation		
# Full-time Employees:	# Part-time Employees:	Employee Payroll: \$
Type of work subcontracted?	Subcontract Costs: \$	
Do your subs have their own insurance? Yes No	Uninsured Subs: \$	
Liability Limits requested: \$1M/2M \$2M/4M	Gross Income: \$	
Endorsements: AI WOS VPD/CCC AI-Completed Ops	Special Income (liquor, internet): \$	
Other coverages you would like a quote for or have questions on:		
Property/Inventory Equipment/Tools Auto Work Comp Umbrella/Excess Liability D&O Liability		
Professional Liab Employee Dishonestly/Crime Loss of Income Life EPLI Data Breach/Cyber Liability		