



New Business Submission Summary

Named Insured: _____

New in Business or Currently Insured? _____

If NEW: # of Years Experience: Industry _____ Management _____

If CURRENTLY INSURED*: Eff/Exp Dates: ____/____/____ - ____/____/____

Premiums by LOB: _____

Carriers Submitted To: _____

(*Please submit copies of Policy Dec Pages if you have them.)

Is this being Non-Renewed or Cancelled? _____ If yes, why? _____

Target Premium(s): _____

Exactly what will it take to write and keep this account? _____

Need By Date: _____

Please include the following information on the Application:

- Description of Operations
- General Liability (GL): Sales, Payroll, Area Occupied (Square Footage)
- Property: Year of Systems Updates (not necessarily full replacement) if Building is over 20 years old.

Please provide the following Supplemental Applications, if needed, based on the Named Insured's Business Operations:

- General Liability (GL) Contractors Supplemental Application
- Commercial Auto Supplemental Application

Please note: All of the Acord and Supplemental Applications can be found on our website @ www.cluettinsurance.com/forms--applications

Please Email Submission to: quotes@cluettinsurance.com

Questions? 800-926-6771

info@cluettinsurance.com

www.cluettinsurance.com