Complete Submission Checklist

Commercial Package Policies

GUIDEONE INSURANCE

To ensure proper processing, all information below must be included with each submission. Please check the boxes below to indicate required information is included in the applications, and fill in all blank fields.

GENERAL

- ☐ Loss Runs (3 complete years)
- Target premium: _____
- ☐ Controlled Business ☐ New Business
- Average weekly attendance: _____
- Month/Year Founded: _____
- Number of claims in last three years: _____
- Reason for marketing account/pain points:

Agency Code: _____
FEIN: _____
Insured Name: _____
Agency Contact Name: _____
Agency Contact Phone: _____
Agency Contact Email: _____

Description of claims, applicable repairs, and what has been done to prevent future losses:

If the account has been cancelled or non-renewed, please explain why:

PROPERTY

- ☐ Location address (city, state, zip)
- ☐ Occupancy
- ☐ Building & contents limit
- ☐ Cause of Loss
- ☐ Coinsurance
- ☐ AOP Deductible
- ☐ Feet to Hydrant
- ☐ Valuation: RC or ACV
- ☐ Additional Coverages
- ☐ Construction Type
- ☐ Year of Construction
- ☐ Update years for plumbing, heating, electrical, roof
- ☐ Number of stories
- ☐ Ground floor square feet
- ☐ Basement square feet
- ☐ Roof type

LIABILITY/INLAND MARINE/CRIME

- ☐ Number of Employees

LIABILITY		INLAND MARINE	CRIME
☐ Limits	☐ Coverages desired with limits	☐ Limits	☐ Limits
☐ Class Codes	☐ Current retro dates for claims made coverage	☐ Deductibles	☐ Deductibles