



**NEW BUSINESS QUALIFYING SUPPLEMENT**

**(Must be completed to log in submission)**

Client's Legal Name      FEIN

**OPPORTUNITY QUESTIONS (AN ANSWER "SEE SUBMISSION" IS NOT ACCEPTABLE)**

1. Who is the current carrier?
2. Why is the insured looking to replace coverage?
3. What are the expiring premiums by line of coverage?
4. Who is the incumbent agent?
5. What other carriers are quoting?
6. What is your target premium by line?
7. If there are any changes in exposure vs. the expiring policy please describe in detail. This includes sales/payroll/power units and workers comp experience mod.

**RISK OPERATIONS QUESTIONS (If "Yes" explain)**

	Yes	No
1. Any contracting or installation work?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any truss manufacturing? (If yes, please complete truss supplement)	<input type="checkbox"/>	<input type="checkbox"/>
3. Any window/door manufacturing? (If yes, please complete window supplement)	<input type="checkbox"/>	<input type="checkbox"/>
4. Any rental to others? (If Yes, please complete rental survey)	<input type="checkbox"/>	<input type="checkbox"/>
5. Any wood treating operations?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any logging operations?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any Chinese drywall exposure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any vehicles travel > 200 mile radius?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any hauling or backhauling for others?	<input type="checkbox"/>	<input type="checkbox"/>

Explanation:

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_