

# Thoits Insurance Shaw Flooring Network Insurance Program Application

General Questions	Answers
Company Name	
Phone #	
Fax #	
Website address	
Insurance Contact Name	
Email address	
Federal Tax Id #	
Date business est.	
Entity (corp, Scorp, LLC, Partnership, Individual)	
# of Employees	

Current Policy Information	Carrier	Expiration Date
General Liability		
Property		
Workers Compensation		
Commercial Auto		

## PROPERTY

Loc #	Location Address (Street, City, State, Zip)	Business Personal Property (Replacement Cost, \$)	Tenant Improvements / Betterments (Replacement Cost, \$)	Computer / Electronic Equipment (Replacement Cost, \$)	Payroll
1					
2					
3					
4					
5					
6					
7					
8					

## Please provide specific info for each location

Loc. #	Gross Sales	Sq. Ft. Occupied	Construction Type (Frame, Concrete Tilt,	Year Built	Sprinklered? (%)
1					
2					
3					
4					
5					
6					
7					
8					

## GENERAL LIABILITY

Drivers Information	See Spreadsheet "Driver List" tab below
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## COMMERCIAL AUTO

Vehicle #	VIN #	Make	Year
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			