

CHECKLIST FOR PROSPECTS

Company Name _____

Company Address _____

Phone Number _____

Contact Person _____

How many years in business? _____

Is business mechanized? Yes No

What lines of insurance? WC GL Auto IM

Estimated Production (If interested in WC or GL) _____

Payroll _____

Renewal Date(s): _____

Prior Carriers:

WC (3 years) –
(Must have at least 1 year of WC)

GL (3 years) –

Auto (3 years) –

INLM (5 years) –