



Health Insurance Specialists, Inc.  
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**Commercial Intake Form**

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Website : \_\_\_\_\_

Phone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ # Years Experience \_\_\_\_\_ # employees \_\_\_\_\_

FEIN: \_\_\_\_\_

Description of Business Operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Gross Revenues Current Year \_\_\_\_\_ Actual Gross Revenues Last Year \_\_\_\_\_

Expected annual payroll Current Year \_\_\_\_\_

Number of Company Executives, Partners, Owners \_\_\_\_\_

List Name/Title/Percentage owned/Annual Salary of all Owners/Partners/Executives

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Work Subcontracted Yes/No: \_\_\_\_\_ If Yes, what percent of total revenue: \_\_\_\_\_



Annual cost for Subcontracted labor:\_\_\_\_\_

Percentage of work that is Residential:\_\_\_\_\_Percentage of Work that is Commercial:\_\_\_\_\_

Business Physical Location if Different than Mailing

Address:\_\_\_\_\_

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### Building and Business Personal Property Information

Year Built:\_\_\_\_\_Number of Stories:\_\_\_\_\_Insured Square Footage:\_\_\_\_\_

Total Square Footage of Building:\_\_\_\_\_Year Roof Updated:\_\_\_\_\_

Year HVAC Updated:\_\_\_\_\_Year Electrical Updated:\_\_\_\_\_Sprinkler Yes/No:\_\_\_\_\_

Type of Construction (wood frame, joisted masonry, brick, etc.):\_\_\_\_\_

Total replacement Value of Business Property:\_\_\_\_\_Replacement Value of  
Computers:\_\_\_\_\_Do you own the Building or Lease Space:\_\_\_\_\_If Owned, What is the  
Replacement Value of the Building:\_\_\_\_\_

Mobile Equipment Value:\_\_\_\_\_

Expiring Carrier:\_\_\_\_\_Please attach un-redacted declaration pages or full policy  
copies.

Any Losses in Last Three Years ( Provide Dates, Amounts, and Description of  
Losses): \_\_\_\_\_

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### Business Auto Information

Owned Autos( Titled in Business Name not Individual):

1-

Year-\_\_\_\_\_Make-\_\_\_\_\_Model-\_\_\_\_\_

VIN( must be 17 characters):\_\_\_\_\_

Cost New:\_\_\_\_\_Use:\_\_\_\_\_

Garaging

Address:\_\_\_\_\_

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2-

Year- \_\_\_\_\_ Make- \_\_\_\_\_ Model- \_\_\_\_\_

VIN( must be 17 characters): \_\_\_\_\_

Cost New: \_\_\_\_\_ Use: \_\_\_\_\_

Garaging  
Address: \_\_\_\_\_

3-

Year- \_\_\_\_\_ Make- \_\_\_\_\_ Model- \_\_\_\_\_

VIN( must be 17 characters): \_\_\_\_\_

Cost New: \_\_\_\_\_ Use: \_\_\_\_\_

Garaging  
Address: \_\_\_\_\_

4-

Year- \_\_\_\_\_ Make- \_\_\_\_\_ Model- \_\_\_\_\_

VIN( must be 17 characters): \_\_\_\_\_

Cost New: \_\_\_\_\_ Use: \_\_\_\_\_

Garaging  
Address: \_\_\_\_\_

5-

Year- \_\_\_\_\_ Make- \_\_\_\_\_ Model- \_\_\_\_\_

VIN( must be 17 characters): \_\_\_\_\_

Cost New: \_\_\_\_\_ Use: \_\_\_\_\_

Garaging  
Address: \_\_\_\_\_

Attach additional pages as needed.

Drivers:



1-

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License Number: \_\_\_\_\_ State Licensed: \_\_\_\_\_

2-

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License Number: \_\_\_\_\_ State Licensed: \_\_\_\_\_

3-

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License Number: \_\_\_\_\_ State Licensed: \_\_\_\_\_

4-

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License Number: \_\_\_\_\_ State Licensed: \_\_\_\_\_

5-

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License Number: \_\_\_\_\_ State Licensed: \_\_\_\_\_

6-

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License Number: \_\_\_\_\_ State Licensed: \_\_\_\_\_

Attach additional pages as needed.