

# Royal Palms Group LLC

Commercial Insurance — Client Information Sheet

Complete this form for every new commercial client. Attach applicable coverage add-on sheet(s).

## 1 — BUSINESS BASICS

Legal Business Name

DBA (if different)

EIN / Tax ID

Entity Type  LLC  Corp  Sole Prop  Partnership  Other

Date Business Started

SC Business License #

Years Under Current Ownership

Website

Industry / Type of Business

Owner / Primary Contact

Title / Role

Mobile Phone

Office Phone

Email

Mailing Address

City

State

Zip

Primary Business Location:

Street Address

City

County

Zip

Sq Footage

Year Built

# Stories

Own or Lease?  Own  Lease

Landlord Name (if leasing)

Landlord Phone / Email

Additional Locations:

#	Street Address	City	Zip	Sq Ft	Own/Lease	Same Operations?
1					<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Y <input type="checkbox"/> N
2					<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Y <input type="checkbox"/> N
3					<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Y <input type="checkbox"/> N

## 2 — BUSINESS OPERATIONS

Describe what the business does in plain language:

(continued)

# Full-Time Employees

# Part-Time Employees

# Subcontractors / 1099

Seasonal?  Y  N

Do you perform work in states other than South Carolina?

Yes  No

**If yes, list states:**

---

**Do you use subcontractors? Do they carry their own insurance?**

Yes  No

**Do you require subs to name you as Additional Insured on their policy?**

Yes  No

**Do you provide professional advice, design, or consulting services?**

Yes  No

**Does any work involve heights, heavy machinery, or hazardous materials?**

Yes  No

### 3 — PAYROLL & REVENUE

Total Annual Gross Revenue (\$)	Projected Revenue Next 12 Months (\$)	Annual Payroll (\$)
_____	_____	_____
Revenue from SC (%)	Revenue from Other States (%)	Revenue from Subcontracted Work (%)
_____	_____	_____
Largest single contract / job value (\$)	Average contract / job value (\$)	
_____	_____	

### 4 — LOSS RUNS & CLAIMS (Last 5 Years)

Any losses, claims, or incidents in the last 5 years?  Yes  No

Date	Line (GL / Prop / Auto / WC)	Description of Loss	Amount Paid (\$)	Open / Closed

Total paid on all claims — last 5 yrs (\$)	# Claims currently open
_____	_____

Request 5-year loss runs from current carrier at time of submission.

### 5 — OWNERSHIP

List all owners with 20% or more ownership interest:

Full Name	Title	% Owned	DOB	SSN Last 4	Home State

Has any owner or officer been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any owner or officer had a professional license suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any owner or officer currently involved in litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 6 — PRIOR / CURRENT INSURANCE

Line of Coverage	Current Carrier	Policy #	Annual Premium (\$)	Expiration Date

Has any policy been cancelled or non-renewed in the last 3 years?  Yes  No

If yes, carrier and reason: \_\_\_\_\_

Any gaps in coverage in the last 3 years?  Yes  No

## 7 — SURETY BONDS

Does the client need any surety bonds?

■ Yes ■ No

Bond Type	Obligee (who requires the bond)	Bond Amount (\$)	Needed By

*Common bond types: License & Permit | Contract / Performance | Payment | Bid Bond | Maintenance | Notary*

## AUTHORIZATION & SIGNATURE

By signing below, I certify that all information provided is accurate and complete to the best of my knowledge. I authorize Royal Palms Group LLC to submit this information to insurance carriers for the purpose of obtaining quotes. I understand that misrepresentation may result in denial of coverage or cancellation of any policy issued.

Printed Name

---

Title

---

Signature

---

Date

---