

**Sure Insurance Agency, Inc.**  
**PO Box 636 Hammonton, NJ 08037**  
**609-561-0409 phone**  
**609-561-7766 fax**  
**[sureins@bellatlantic.net](mailto:sureins@bellatlantic.net)**

Commercial Business Information

NAME OF BUSINESS \_\_\_\_\_  
(Corporation, partnership, sole proprietor, LLC, individual)

DESCRIPTION OF OPERATIONS \_\_\_\_\_

OWNER(S) NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

COMPANY WEBSITE \_\_\_\_\_

BEST TIME TO CONTACT \_\_\_\_\_ PREFERRED METHOD \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

CURRENT CARRIER/POLICY NUMBER \_\_\_\_\_  
\_\_\_\_\_ PREMIUM \_\_\_\_\_

PRIOR CARRIER/POLICY NUMBER \_\_\_\_\_  
\_\_\_\_\_ PREMIUM \_\_\_\_\_

CLAIMS MADE IN THE PAST 3 YEARS \_\_\_\_\_

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TYPE OF COVERAGE DESIRED: GENERAL LIABILITY \_\_\_ PROPERTY \_\_\_  
WORKERS COMPENSATION \_\_\_ COMMERCIAL AUTO \_\_\_ OTHER \_\_\_

AUTOMOBILE QUOTES WILL REQUIRE THE FOLLOWING ADDITIONAL INFORMATION: DRIVERS LICENSE NUMBERS FOR ALL DRIVERS ALONG WITH NAMES AND DATES OF BIRTH, YEAR, MAKE, MODEL, AND VIN FOR ALL VEHICLES, RADIUS OF OPERATION (50 MILES, 100, 200, ETC). MOTOR VEHICLE RECORDS WILL BE ORDERED ON ALL DRIVERS.

GROSS RECEIPTS CURRENT YEAR \_\_\_\_\_

GROSS RECEIPTS PREVIOUS YEAR \_\_\_\_\_

PAYROLL \_\_\_\_\_

NUMBER OF EMPLOYEES: F/T \_\_\_\_\_ P/T \_\_\_\_\_