



# Prospect Sheet

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Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Ann Arbor Insurance**  
Associates, L.L.C.

## General Information

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

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

Person Calling \_\_\_\_\_

Federal ID # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Description of Business \_\_\_\_\_

## General Liability

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Annual Receipts \_\_\_\_\_ Payroll \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Desired/Required Limit of Liability \_\_\_\_\_

Additional Insured \_\_\_\_\_

## Property

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Location Address \_\_\_\_\_

Construction \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # of Stories \_\_\_\_\_ PC \_\_\_\_\_

Building \_\_\_\_\_ Personal Property \_\_\_\_\_ Yr. Built \_\_\_\_\_

Updates Electric \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_ Heating/Cooling \_\_\_\_\_

## Automobiles

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Liability Limit \_\_\_\_\_ # of Vehicles \_\_\_\_\_ # of Drivers \_\_\_\_\_

**Vehicle #1** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vin # \_\_\_\_\_

**Vehicle #2** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vin # \_\_\_\_\_

**Vehicle #3** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vin # \_\_\_\_\_

**Vehicle #4** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vin # \_\_\_\_\_

**Vehicle #5** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vin # \_\_\_\_\_

**Driver #1** Name \_\_\_\_\_ License # \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

**Driver #2** Name \_\_\_\_\_ License # \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

**Driver #3** Name \_\_\_\_\_ License # \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

**Driver #4** Name \_\_\_\_\_ License # \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Tickets/Accidents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Workers Compensation

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Classification/Jobs \_\_\_\_\_

Payroll \_\_\_\_\_

Officers \_\_\_\_\_ Excluded \_\_\_\_\_

**Notes** \_\_\_\_\_

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