

**ATLANTALIFE®**  
General Agency

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**SMALL COMMERCIAL-REFERRAL FORM**

Agent Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Business Email: \_\_\_\_\_

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Full Business Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Business Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Contact Person (required) \_\_\_\_\_

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

Requested Effective Date: \_\_\_\_\_ Exact Nature of Business: \_\_\_\_\_

Legal Entity: Individual \_\_\_\_\_ LLC \_\_\_\_\_

Corp \_\_\_\_\_ Partnership \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Location address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Requested Building Limit \$ \_\_\_\_\_ Construction Type \_\_\_\_\_  
(if customer owns the building)

Square footage of business \_\_\_\_\_ Year Built: \_\_\_\_\_  
(if older than 20 yrs please indicate year each of the following was updated)

Number of buildings owned by the customer \_\_\_\_\_ Roof \_\_\_\_\_ Electrical \_\_\_\_\_

Contents Limit (business personal property) \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Annual Gross sales/receipts: \$ \_\_\_\_\_ Number of employees \_\_\_\_\_

Annual Payroll \$ \_\_\_\_\_

Does building have sprinkler system (subject to verification) Y/N \_\_\_\_\_ Deductible: \$250\_\_\_ \$500\_\_\_ \$1000\_\_\_

Current Carrier: \_\_\_\_\_ Current Premium: \_\_\_\_\_

**Optional Coverage** (List those of interest) **Loss History:** (List all losses in last 3 years, including details, amount paid, and if case is open or closed)

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

*Additional information may be required depending on the nature of the customer's business.*