

# New Essence Insurance Brokerage

33 Beavertdale Lane, Willingboro, NJ 08046 ♦ P (347) 539-2256 ♦ F (609) 479-3622

[insurance@newessencellc.com](mailto:insurance@newessencellc.com)

[www.newessencellc.com](http://www.newessencellc.com)

## NEW CLIENT PROFILE FORM

Please Print

First Name	MI	Last Name
Street Address		Suite/Apt#
City /State /Zip		
Cell	Home/Office	Fax
Email Address		
DOB	SS/TAX ID	Drivers License
Additional Name for Policy		

### PLEASE CHECK OFF THE TYPE OF COVERAGE DESIRED:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Homeowners                  | <input type="checkbox"/> Condominium            | <input type="checkbox"/> Renters                        |
| <input type="checkbox"/> Business                    | <input type="checkbox"/> Commercial Liability   | <input type="checkbox"/> Commercial Property            |
| <input type="checkbox"/> Inland Marine               | <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Directors & Officers Liability |
| <input type="checkbox"/> Errors & Omissions          | <input type="checkbox"/> Kidnap & Ransom        | <input type="checkbox"/> Employment Practice Liability  |
| <input type="checkbox"/> Excess Liability            | <input type="checkbox"/> Workers Compensation   | <input type="checkbox"/> Disability                     |
| <input type="checkbox"/> Motorcycle                  | <input type="checkbox"/> Truckers               | <input type="checkbox"/> Commercial Auto                |
| <input type="checkbox"/> Mobile Home                 | <input type="checkbox"/> Farm                   | <input type="checkbox"/> Flood                          |
| <input type="checkbox"/> Personal Umbrella           | <input type="checkbox"/> Pet                    | <input type="checkbox"/> Valuables                      |
| <input type="checkbox"/> Special Event (Type): _____ |   |   |
| <input type="checkbox"/> Bonds (Type): _____         |   |   |
| <input type="checkbox"/> Other (Specify): _____      |   |   |

**Section II:** Please fill out the appropriate sections with regards to the type of insurance desired. Please add additional information in the remarks and explanations section on the last page. **If you have a copy of your current policy you don't need to fill this section, just forward to me for faster service.**

Homeowner/Renters Section

Location of Property:

\_\_\_\_\_

Construction type: \_\_\_\_\_ Roof type: \_\_\_\_\_ Year Built: \_\_\_\_\_

# of Families: \_\_\_\_\_ Total Area: \_\_\_\_\_ # of stories: \_\_\_\_\_

Year of updated on:

Roofing: \_\_\_\_\_ Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

**Please provide the amount for desired coverage's listed below:**

(Dwelling & rental income do not apply to renters insurance)

Dwelling: \_\_\_\_\_ Personal Property: \_\_\_\_\_

Rental Income: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

Any losses? \_\_\_\_\_ (If yes, list date of loss, brief loss info, and amount)

**Remarks/Explanations:**

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

Liability Section

Name of Company:

---

Address:

---

Mailing Address if different from above:

---

Description of Business:

---

---

---

---

---

---

---

---

Number of Officers: \_\_\_\_\_ (Name the officers and their title in explanation below)

Number of Employees: \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time

Estimated Annual Payroll: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_

Coverage Limit Desired: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Any losses? \_\_\_\_\_ (If yes, list date of loss, brief loss info, and amount)

Reason for Cancellation: \_\_\_\_\_

**Remarks/Explanations:**

---

---

---

---

---

---

---

---

Property Section

Location of Property:

\_\_\_\_\_

Mailing Address if different from above:

\_\_\_\_\_

Construction type: \_\_\_\_\_ Year Built: \_\_\_\_\_

# of Occupants: \_\_\_\_\_ Total Area: \_\_\_\_\_ # of stories: \_\_\_\_\_

Year of updates on:

Roofing: \_\_\_\_\_ Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

**Please provide the amount for desired coverage's listed below:**

Building: \_\_\_\_\_ *(Coverage only necessary if you own the building)*

Business Income: \_\_\_\_\_ Business Personal Property: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Reason for Cancellation:

\_\_\_\_\_

Any losses? \_\_\_\_\_ (If yes, list date of loss, brief loss info, and amount)

**Remarks/Explanations:**

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

**Additional Information:** (please add any additional information that can be helpful)

---

---

---

---

---

---

---

---

---

---

**DISCLOSURE:**

The following information will be used to begin the process of finding a quote. Please be advised that Insurance Companies will have Supplemental applications catered to the specific type of insurance requested. This application will be forwarded to you to fill out. Also note that companies may come back with additional questions. Please don't get discouraged, they are trying to figure out the best way to rate your policy and provide you with the best coverage.

As your Broker we will try our best to get all the required information from you in our initial to second meeting so that I can get a quote to you as fast as possible. Quotes can be received within 24 hours depending on the work flow of the company. On average quotes can take anywhere from 2-5 business days. Thank you in advance for your cooperation and your patience. We look forward to creating a long-term relationship with you.

**New Essence Insurance Brokerage**

*Bahiya Hafeez-Muhammad*

CEO

Sign: \_\_\_\_\_ Date: \_\_\_\_\_