



Complete all questions in order to provide a quote

General Information

Effective Date requested: _____

Name of Insured: _____ DBA: _____

Years in Business: _____ If new venture, years of experience in industry: _____

Legal Entity: Corporation Individual LLC/LLP Partnership Non-Profit Trust

Contact Person: _____

Phone Number: _____ Email: _____

Premises Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different from above): _____

City: _____ State: _____ ZIP: _____

Description of Operations: _____

Business Hours: _____ Any Delivery? Yes No

If any delivery, what Percentage of Sales: _____ %

Foreclosures, repossessions, judgments, liens or bankruptcy in past 5 years: Yes No

Any foreign products sold or distributed? Yes No

Does Applicant put their own name on the products: Yes No

Do they have prior coverage? If so, Insurance carrier(s): _____

Expiration Date(s): _____ How many years continually insured? _____

Expiring Premium: _____ Target Premium: _____

Any policy declined, cancelled or non-renewed? Yes No

Formal safety program in place? Yes No

Any known claims or losses Yes No

Please provide loss run report for past five years insured, if available

General Liability

Complete all items in sections for which quote is requested.



Liability Limits: \$1,000,000/\$2,000,000 \$2,000,000/\$4,000,000

Annual Gross Sales/Receipts: \$ _____

Liquor Liability: (if Needed) % of sales: _____

Are Additional Insureds needed? Yes No

Type of Additional Insured(s), Name and Address: _____

Property

Does Applicant own the Building? Yes No

Is the Building in the same name as the occupant? Yes No

Stand alone building: Strip mall: Other: _____

Vacancies:% _____ Year Built: _____ Number of stories: _____

Construction Type (Wood frame, concrete block, etc.): _____

Building Updates: Wiring Year: _____ Plumbing Year: _____ Roof Year: _____

Square footage occupied by insured: _____ Square footage of building: _____

Fire Sprinklers? Central Station Burglar Alarm Fire Alarm

Coverage Requested	Limits
Building	\$
Business Income (Rents)	\$
Business Personal Property (Replacement Cost Value)	\$
Computers & Software	\$
Tenant Improvements and Betterments	\$
Deductible Requested	\$ Deductible

Workers' Compensation

Federal Employer Identification Number (FEIN): _____

Classification Information

Class Code	Annual payroll estimate	Number of employees Full time	Number of employees Part Time
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Complete all items in sections for which quote is requested.



	\$		
	\$		
	\$		

Ownership Information

Name of Owner	Title	% of Ownership	Excluded?

If bound, a separate exclusion form will be required for each owner

Are subcontractors used? Yes No
 Is Applicant engaged in any other type of business? Yes No
 Are Health Plans provided? Yes No

Commercial Auto

Garaging Address: _____

City: _____ State: _____ ZIP: _____

Written safety program in place? Yes No
 Vehicle Maintenance Program in place? Yes No
 Does Applicant obtain MVR's for verification? Yes No
 Are any vehicles used for family members or personal use? Yes No

Please provide MVR's if available

Commercial Auto (continued)

Coverage Requested	Limits
Liability	\$
Bodily Injury Liability Limit	\$

Complete all items in sections for which quote is requested.



Medical Payment Limit	\$
Uninsured Motorist Limit	\$
Comprehensive Deductible	\$ Deductible
Collision Deductible	\$ Deductible
Other Coverages Requested:	

Vehicle List:

Year	Make	Model	VIN	Cost New	Titled to business?
				\$	
				\$	
				\$	

Driver List:

Name	Date of Birth	License Number	State

Please provide loss run report for past five years. They will be required to bind unless this is a new venture or no prior insurance.

Completed By: _____ Date: _____

NOTE: Any quotation provided via this application is subject to the terms and conditions of the specified insurance company forms currently in use, including any amendatory endorsements and/or exclusions. **THE QUOTATION MAY NOT CONFORM TO THE TERMS AND CONDITIONS REQUESTED.**

Complete all items in sections for which quote is requested.