



**Fax-A-Quote**

**Type of Proposal Requested:**

Occupational Accident only

Occupational Accident w/Legal

Employer's Excess Indemnity

Available 24/7  
 281-391-3133 or 866-477-2301  
 FAX 281.385.8735

Please email this completed form to mark@battistoneinsurancegroup.com or fax 281-385-8735

Applicant Name Hope & Causey, P.C. Requested Effective Date 05/15/2013  
 Address 100 I-85 N, Suite 600 City Conroe Zip 77301 Nature of Business Law firm  
 Number of years in business: 30 Tax ID# 76-0215411 Date of workers' comp coverage rejection: \_\_\_\_\_  
 Has worker's comp or occupational accident coverage ever been canceled, refused or non-renewed?  Yes  No

If Yes, please explain: \_\_\_\_\_  
 Business Type:  Corporation  Partnership  Other: \_\_\_\_\_  
 Is applicant subject to LPG or TxDOT Regulations?  Yes  No. Within what radius does applicant haul? \_\_\_\_\_  
 Does applicant handle, store, or engage in transport of hazardous materials (including but not limited to explosive, caustic, poisonous or flammable materials)?  Yes  No. If Yes, please explain: \_\_\_\_\_  
 Please specify commodities hauled: \_\_\_\_\_  
 What percentage of loads are manually loaded or unloaded (use 0% if no manual (un)loading)? 0 % Loaded 0 % Unloaded  
 Does applicant perform any work at heights over 24 ft.?  Yes  No. If Yes, please explain: \_\_\_\_\_  
 Are Owners, Officers or Partners to be covered?  Yes  No. Are any affiliate companies to be covered?  Yes  No. If yes, Please provide Legal Name, Address and number of employees at each location.

#of Full time W-2's 1099		# of Part-time W-2's 1099		Classification Code	Annual Payroll by Class (including Tips)	Classification or Description
13	0	0	0			

Total Number of Employees 13 Total Payroll \$ 594,955.00 Waiver of Subrogation?  Yes  No  
 Current Worker's Comp or Accident Premium \$ 1107.00 Occupational Disease & Cumulative Trauma?  Yes  No

**Benefits to be Quoted:** LIMITS VARY BY PRODUCT. PLEASE CALL FOR OTHER OPTIONS.  
 CSL Benefit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Excess Limits: \_\_\_\_\_  
 (\$100,000 - \$1,000,000 CSL available) (\$1,000 - \$500,000 deductible available) (\$1,000,000 to \$5,000,000 limits available)  
 Benefit Period: 52 wks 116 wks 156 wks Weekly Income (75% up to \$900) \_\_\_\_\_ Waiting Period: \_\_\_\_\_ days

Please submit 3 years (hard copy) currently valued loss history; Valuation Date of loss information: \_\_\_\_\_

Year	Carrier	Total Losses	Description of Each Loss in Excess of \$5,000 (Use separate sheet if necessary)
2012	The Hartford	\$0.00	No Losses
2011	The Harford	\$0.00	No Losses
2010	The Hartford	\$0.00	No Losses

- Has the applicant (or affiliate) been in the Texas Workers' Compensation System in the last 3 Years?  Yes  No  
 If yes, have they had an experience modification factor of 200% or more?  Yes  No
- Has the applicant (or affiliate) ever had an Employer's Liability claim?  Yes  No
- Has the applicant (or affiliate) ever had an Occupational Disease (e.g. Black Lung, silicosis, lead poisoning, cancer, etc.) or Cumulative Trauma (e.g. carpal tunnel, stress, etc.) claim?  Yes  No

If the answer to #2 or #3 is YES, please give a complete descriptions, dates, and amounts of claims on a separate sheet.  
 Agent and Applicant hereby acknowledge that: (a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely solely on the information provided in this Fax-A-Quote, along with any attached data, in considering whether to provide the requested insurance coverage; and (c) this Fax-A-Quote shall become a part of the Policy should coverage be bound.

Agent: Betty Battistone Phone: 281 391 3133  
 Address: 23327 Grand Springs Dr Katy Tx 77494 FAX: 281 385 8735  
 Agent Signature: Betty J Battistone Applicant Signature: [Signature]