



Carlos Capdevila Agency Inc.

## Application for Insurance

Franchisee Name:		Years In Business:	Years Experience:
Entity Name:		Tax ID #	Renewal Date:
Entity Name:		Tax ID #	Number of Stores:
Entity Name:		Tax ID #	Phone #:
Mailing Address:			Other #:
City:	State:	Zip Code:	
Contact Name:	Title:	Email:	
Total Company Sales \$		Total Company Delivery Sales \$	

## Workers Compensation

Do you need a Quote for Work Comp? <input type="checkbox"/> Yes <input type="checkbox"/> No		When does the Policy Renew?			
What is your Experience Modification Number?			Current Carrier:		
Name	Title	% Owned	Include	Exclude	Salary (If Included)
			<input type="checkbox"/>	<input type="checkbox"/>	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$

## Payroll Information

## Number Employees

Insiders	\$	
Drivers In the Store Only	\$	
Drivers On the Road Only	\$	
Clerical	\$	

## General Information

Current Carrier(s):	# Years with Carrier:	Yes	No
Have you had any claims in the previous 5 years?		<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have Employment Practices Liability Insurance?		<input type="checkbox"/>	<input type="checkbox"/>
Do you need a Quote for Owned Auto?		<input type="checkbox"/>	<input type="checkbox"/>
Do you need a Quote for an Umbrella?		<input type="checkbox"/>	<input type="checkbox"/>
What Property Deductible would you like?		\$	

Authorized Representative:

_____ Print Name	_____ Signature	<div style="text-align: right; margin-bottom: 5px;"> </div> _____ Date
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