



### Request for Quote

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Corporation     LLC     Individual     Partnership     Non-Profit

Other \_\_\_\_\_

Brand or Label: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

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

### **Management**

Years in business: \_\_\_\_\_  New Venture     Home based business

Describe business experience in this industry: \_\_\_\_\_

Does applicant currently carry Insurance?  Yes     No

Expiration Date \_\_\_\_\_ Carrier \_\_\_\_\_

Any prior insurance claims or losses submitted to insurance past 4 years?  No

Yes, date and amount: \_\_\_\_\_

Any prior bankruptcy  No     Yes    If yes, when: \_\_\_\_\_

### **Products:** check all that apply

Womens     Mens     Kids 1-6x     Infant NB-24m     Sleepwear     Intimates

Street     Licensed     Accessories \_\_\_\_\_     Other \_\_\_\_\_

**Gross Sales Estimate:** \$ \_\_\_\_\_

### **Business:** check all that apply to your operation

Wholesale     Retail     Manufacturer     Own brand/label     Other's brand/label

Design     Cut & sew on premises: Number of sewing machines \_\_\_\_\_

**Production:**  Production on premises     USA contractors     foreign contractors

**Shipping:**  Own vehicles     Common carriers     Fulfillment warehouse / service

Kulchin Ross Insurance Services, LLC dba: Apparelinsurance.com  
18757 Burbank Blvd., #320, Tarzana, CA 91356 License 0I67833  
818-968-1354 / Fax: 818-479-9779 / Bill@Apparelinsurance.com

**Liability Insurance needs**

- General and Products Liability \$1,000,000 each occurrence / \$2,000,000 aggregate
- Umbrella or Excess Liability limits requested: \$ \_\_\_\_\_
- Gross Sales Estimate (required for liability quote): \$ \_\_\_\_\_

**Additional Insureds**

- Vendors Name Address: \_\_\_\_\_
- \_\_\_\_\_
- Licensors Name & Address: \_\_\_\_\_
- \_\_\_\_\_
- Landlord Name & Address: \_\_\_\_\_
- \_\_\_\_\_

**Other Insurance needs**

- Inventory & Equipment (Please complete Page 3)
- Business Income & Extra Expense (Please complete Page 3)
- Workers' Compensation (Please complete our Workers Compensation supplemental)
- Domestic Transit \$ \_\_\_\_\_ (Per Shipment limit)
- Ocean or Air Transit \$ \_\_\_\_\_ (Per Shipment limit)
- Employment Practices Liability
- Group Medical    Group Dental    Group Life
- Money Coverage / Crime Insurance \$ \_\_\_\_\_
- Fine Arts: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Signature & Date**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Disclaimer: This document is a request for quote or estimate. No insurance coverage is bound or implied by this document. By signing this document, applicant deems information provided to be true and accurate to the best of their knowledge.

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## **Property Insurance supplement**

### **Location 1**

Address: \_\_\_\_\_

Premises – Year Built: \_\_\_\_\_ Masonry or concrete Woodframe Other \_\_\_\_\_

Central Station Burglar Alarm Fire sprinklers Fire Alarm

Square Footage \_\_\_\_\_ What Percentage of entire building do you occupy? \_\_\_\_\_%

Describe other occupancies in building \_\_\_\_\_

Surveillance cam system Other Protection (24/7 guard, patrol, etc) \_\_\_\_\_

Home based business If yes, where is inventory stored? \_\_\_\_\_

### **Property Insurance needs**

Inventory & Equipment: \$ \_\_\_\_\_ (Replacement Cost amount)

Business Income & Extra Expense: \$ \_\_\_\_\_

Sales Samples: \$ \_\_\_\_\_ (Replacement Cost amount)

Building / Real Property: \$ \_\_\_\_\_ (Replacement Cost amount)

### **Location 2**

Address: \_\_\_\_\_

Premises – Year Built: \_\_\_\_\_ Masonry or concrete Woodframe Other \_\_\_\_\_

Central Station Burglar Alarm Fire sprinklers Fire Alarm

Square Footage \_\_\_\_\_ What Percentage of entire building do you occupy? \_\_\_\_\_%

Describe other occupancies in building \_\_\_\_\_

Security cam system  Other protection (24/7 Guard, patrol, etc) \_\_\_\_\_

Home based business If yes, where is inventory stored? \_\_\_\_\_

### **Property Insurance needs**

Inventory & Equipment: \$ \_\_\_\_\_ (Replacement Cost amount)

Business Income & Extra Expense: \$ \_\_\_\_\_

Building / Real Property: \$ \_\_\_\_\_ (Replacement Cost amount)