

COMMERCIAL PAK

Hereth Insurance Consulting Quote Information

Client _____

Submission Date _____

Submitted By _____

Please Quote These Lines of Coverage

- ☐ General Liability
- ☐ Property
- ☐ Inland Marine
- ☐ Business Auto
- ☐ Workers Compensation
- ☐ Umbrella
- ☐ Life
- ☐ Other Coverage

Current Insurance Company _____

Current Insurance Agency _____

Expiration Date of Current Policies _____

When submitting a request for quote please complete the general applicant information page along with the appropriate coverage section checked above. In addition please submit a copy of the current policy declaration page(s) and any hard copy loss information for review.

Once complete fax or email these items to:

Hereth Insurance Consulting
Phone: 573-475-4015
Email: Jordan@Herethinsuranceconsulting.com

GENERAL APPLICANT INFORMATION**- COMMERCIAL PAK**

SUBMISSION DATE _____

BUSINESS NAME _____

CONTACT NAME _____ POSITION _____

MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

WEBSITE _____

PHONE _____ FAX _____ CELL _____

Federal ID _____

Years in Business _____

Type of Business: ☐ Corp ☐ LLC ☐ Sole Prop ☐ Partner ☐ Other _____

Owners:	Name	Title	% Owned	DOB	SSN
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Status of Submission**: Current Carrier:**: ☐ Currently Insured ____ # Years

: With Who:

:

:

☐ Quote - Need Quote Back: _____☐ Target Premium Needed: _____**Full Description of Business Operations**

GENERAL LIABILITY SECTION

Occurrence Limit _____ PD Deductible _____ Now Paying _____

General Aggregate _____ Medical Expense _____

Products – Completed Ops Aggregate _____ Fire Damage _____

- | | |
|---|---|
| <input type="checkbox"/> Occurrence | <input type="checkbox"/> EPLI |
| <input type="checkbox"/> Claims Made Retro Date _____ | <input type="checkbox"/> Directors and Officers |
| <input type="checkbox"/> Per Project Aggregate | <input type="checkbox"/> Pollution |
| <input type="checkbox"/> Additional Insured Required | |
| <input type="checkbox"/> Waiver of Subrogation Required | |

Description of Work Performed or Product Produced	Current Code (if available)	Payroll or Gross Sales
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners Actual Payroll _____ Average Number of Employees _____

Describe any use of subcontractors, names and amount paid to each:

Describe additional insured or waiver of subrogation requirements:

Describe any other special liability situation or requirements with this applicant:

PROPERTY SECTION

BUILDING #1

Now Paying _____

Physical Location Address _____
(if different from mailing address)

☐ **Applicant Owns Building**

☐ **Applicant Rents Building – List Owner** _____

Responding Fire Department _____ **Dist to FD** _____ **Dist to Hydrant** _____

Square Foot _____ **Type of Heat** _____ **Describe Other Occupants**

Construction: ☐ **Frame**

☐ **Masonry NC** ☐ **Masonry** ☐ **Non Combustible**

Age of Building _____

Building Limit _____ **Ded** _____ **Description of Use** _____

Contents Limit _____ **Ded** _____ **Description of Contents** _____

Business Property of Others _____ **Ded** _____ **Describe any other coverage needs:**

Lien Holder:

INLAND MARINE SECTION

Describe Item	Year	Model	Serial #	Now Paying Deductible	\$ Limit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Add Blanket Tool Coverage (small items under \$1,000) \$ _____

Describe any special coverage need or situation for this applicant:

Lien Holders:

BUSINESS AUTO SECTION

Now Paying

Limits

Liability

UM/UIM

Med Pay

List Vehicle/Describe Use

VIN

Comp Ded

Coll Ded

List Drivers Full Name

DOB

DL #

SSN

Violations

WORKERS COMPENSATION SECTION

Now Paying

[] Currently Insured – Company

How Long

[] Experience Rated – Normal Anniversary Date

Current Mod

Class Code

Description of Work

Full

#Part

Payroll

Owners Included / Excluded

Name

Title

Duties

% Owner

Inc/Exc

Actual Payroll

COMMERCIAL UMBRELLA SECTION

Limit Requested \$ _____

Now Paying _____

If not quoting all lines of coverage please list all other underlying companies and current limits if you wish to have this umbrella provide coverage over those policies.

<u>Effective Date</u>	<u>Line of Underlying Coverage</u>	<u>Underlying Company</u>	<u>Underlying Liability Limit</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE SECTION

<u>Name</u>	<u>DOB</u>	<u>Smoke Y/N</u>	<u>Describe Coverage Amount and Type Requested</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER COVERAGE SECTION

Describe:

LOSS / CLAIMS INFORMATION

Describe all claims paid and losses: