



Business Insurance Quote Request

Coverage is not bound until we instruct you so and a binder or policy has been issued. Type or print and fax to us

1. INSURED INFORMATION:

Business Name: Contact: Ph: Eff. Date:
Street: City: State: Zip:
Yrs. in Business: Type of Business: Email Add:
Entity Type: Individual partnership Corporation Limited Liability Co. Limited Liability Partnership
Type of Coverage needed: Business Auto Comm. Gen Liability Property Workers Comp Umbrella Crime

2. GENERAL LIABILITY:

Liability Limits: \$100,000 \$300,000 \$500,000 \$1,000,000 Products Completed Operation Needed: \$
Total Annual Receipts: \$ Total Annual Sales \$ No. of employees: Total Annual Payroll; \$
Any Losses? Yes No; If So, When: Loss Type: Loss Amount: \$
Prior GL Coverage: \$ Company: Policy #: Expires:

3. FIRE COVERAGE (Property):

Own or Rent: Own Rent Location:
Percentage occupied by Insured? %; Value of Building: \$ Coverage Amt: \$ Building Sq. Ft.:
Year Built Type of Building Construction:
Contents Coverage Amount: \$ Other occupants:
Replacement Cost: Yes NO Value? \$ Prior Insurance Company: Expires:
Policy#: Any Property Losses: Yes NO, If So, When:
If building is over 20 years old, any updates? Yes No
Item Updated: Date of Update:
Item Updated: Date of Update:
Item Updated: Date of Update:

4. WORKERS COMPENSATION:

Employers Liability: Each Accident: \$ Disease-Policy Limit: \$ Disease Each Employee: \$
Are Owners/Officers to be covered in WC? Yes NO If So, List Below:
Owner/Officer Name: Salary: \$
Owner/Officer Name: Salary: \$
Owner/Officer Name: Salary: \$
Owner/Officer Name: Salary: \$

Total Number of Full Time Employees: Total Number of Part Time Employees:
Rating Information: Categories, Duties, Classifications Actual Remuneration past 12 months Est. Remuneration for next policy period
Class 1:
Class 2:
Class 3:
Class 4:

Loss History:

Prior Ins. Company Name: _____ Policy #: _____ Expiry date: _____

Loss Runs Attached Yes NO

OWNERSHIP/COBINABILITY:

Does this business or any owners of this business either individually or in combination with other owners of this business own more than 50% of any other business which operated at any time during the five years prior to this application? Yes No

Or does this business own a majority interest in another entity, which in turn owns a majority interest in any entity that operate at any time in the five years prior to this application? Yes NO

If the answer to either question is yes, provide supplemental/combinability questions:

1. Identify by name, address, and FEIN each business which is related by common ownership to the applicant business
2. Set forth the dates each business was in operation, the insurance company that provided workers compensation insurance, the policy number and the experience modification factor applied to each policy.
3. If the policy was without an experience modification factor, please state.

FORMER NAMES AND OWNERS:

For the last five years, list the current business name and any former names or predecessor companies for all companies to be covered by the policy, include the FEIN for each company.

For each covered company, list any current owner who has more than 5% ownership interest, for each covered company pr predecessor company; list any owner who had more than 5% ownership interest in the last 5 years.

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS:

Coverage:	Class Code #:
_____	_____
_____	_____
_____	_____
_____	_____

5. ADDITIONAL COMMENTS ORNOTES:
