

Seafood Industry

Request for Insurance Quotation

Return by email Sales@BankersInsurance.net or fax 757.442.4149, **OR**
 send us the declarations pages (cover pages) of your current insurance policies, including your contact info.

YOUR BUSINESS INFORMATION		
Name: _____ Mailing Address: _____ City, State, Zip: _____ Street Address: _____ City, State, Zip: _____ Additional Locations: _____ Phone: _____ Fax: _____ Email: _____	<input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Other _____ In Business Since: _____ FEIN: _____ Contact Name: _____ What does your business do? _____	
Property Insurance <input type="checkbox"/> Do Not Quote		
Street Address: _____ City, State, Zip: _____ Building Limits: _____ Contents Limits: _____ Business Income Limits: _____ Current Insurance Company: _____ Expiration Date: _____		
Equipment Insurance – Inland Marine (if not included above) <input type="checkbox"/> Do Not Quote		
Total Equipment Value: _____ Current Insurance Company: _____ Expiration Date: _____		
General Liability Insurance <input type="checkbox"/> Do Not Quote		
Per Occurrence Limit: _____ Aggregate Limit: _____ Total Yearly Estimated Sales: _____ Current Insurance Company: _____ Expiration Date: _____		
Boat Insurance – P&I including crew (Jones Act) <input type="checkbox"/> Do Not Quote		
Number of boats: _____	Number of dry employees: _____	
Total boat/equipment/motor value: \$ _____	Number of wet employees: _____	
Current Insurance Company: _____ Expiration Date: _____		
Auto Insurance <input type="checkbox"/> Do Not Quote		
Number of passenger type vehicles or pickups: _____	Number of Trucks: _____	
Number of Tractors: _____	Number of Trailers: _____	
Current Insurance Company: _____ Expiration Date: _____		
Workers' Compensation Insurance <input type="checkbox"/> Do Not Quote		
Total Payroll: _____	# Full Time Employees: _____	# Part Time Employees: _____
Current Insurance Company: _____		Expiration Date: _____
Health Insurance <input type="checkbox"/> Do Not Quote		
Total # of Employees: _____	Total # of Employees Participating: _____	
Current Health Plan(s): _____		Expiration Date: _____
Current Insurance Company: _____		Expiration Date: _____



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I would like to hear more about insurance for:

	<u>Yes</u>	<u>No Thank You</u>
Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>
Business Income With Extra Expense	<input type="checkbox"/>	<input type="checkbox"/>
Inland Marine	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Ocean Marine	<input type="checkbox"/>	<input type="checkbox"/>
Flood	<input type="checkbox"/>	<input type="checkbox"/>
Employee Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
Data Processing (Computer)	<input type="checkbox"/>	<input type="checkbox"/>
Directors and Officers	<input type="checkbox"/>	<input type="checkbox"/>
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>
Health – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>
Life – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments/Questions/Information:
