

Seafood Industry, Request for Insurance Quote



YOUR BUSINESS INFORMATION	
Name: _____	LLC: <input type="checkbox"/> Corp: <input type="checkbox"/> Other: _____
Mailing Address: _____	In Business Since: _____
City, State, Zip: _____	FEIN: _____
Street Address: _____	Contact Name: _____
City, State, Zip: _____	What does your business do?: _____
Additional Locations: _____	
Phone: _____	
Fax: _____	
Email: _____	
Property Insurance	Do Not Quote: <input type="checkbox"/>
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Equipment Insurance – Inland Marine (if not included above)	Do Not Quote: <input type="checkbox"/>
Total Equipment Value: _____	
Current Insurance Company: _____ Expiration Date: _____	
General Liability Insurance	Do Not Quote: <input type="checkbox"/>
Per Occurrence Limit: _____	
Aggregate Limit: _____	
Total Yearly Estimated Sales: _____	
Current Insurance Company: _____ Expiration Date: _____	

- Return this form by to Sales@BankersInsurance.net or fax to 757.442.4149, **OR**
- Email/Fax the declarations pages of your current insurance policies, including your contact info.



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Boat Insurance – P&I including crew (Jones Act)		Do Not Quote: <input type="checkbox"/>
Number of boats:		No. of dry employees:
Total boat/equipment/motor value: \$		No. of wet employees:
Current Insurance Company:		Expiration Date:
Auto Insurance		Do Not Quote: <input type="checkbox"/>
Number of passenger type vehicles or pickups:		Number of Trucks:
Number of Tractors:		Number of Trailers:
Current Insurance Company:		Expiration Date:
Workers' Compensation Insurance		Do Not Quote: <input type="checkbox"/>
Total Payroll:	# Full Time Employees:	# Part Time Employees:
Current Insurance Company:		Expiration Date:
Health Insurance		Do Not Quote: <input type="checkbox"/>
Total # of Employees:	Total # of Employees Participating:	
Current Health Plan(s): _____		
Current Insurance Company: _____ Expiration Date: _____		
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:

Signature: _____ Date: _____

