



### Request for Insurance Quotation

- Complete Business Information, plus any sections for which you are seeking a quote.
- Ignore sections for which you do not want coverage quoted.
- Return by fax or email. Contact information is below.

Business Information	
Name: _____	<input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop
Mailing Address: _____	FEIN or SSN: _____
City, State, Zip: _____	Year Started: _____
Phone: _____	Current Insurance Company(s): _____
Fax: _____	Expiration Date(s): _____
Email: _____	Total Yearly Premium(s): _____
Inspection Point of Contact: _____	_____
Accounting Point of Contact: _____	_____
Street Address	
Location #1 _____	
Location #2 _____	
Location #3 _____	
What does your business do? Describe all operations: _____ _____	
Additional Named Insureds: _____	
Attach Separately <input type="checkbox"/> 5 Year, currently valued Loss Runs. (Ask your existing insurance agent/company for these and they should have them to you within 24 hours. If in business less than five years, send what you have. If no prior insurance, ignore.)	
Explain any losses over \$5,000 _____ _____	

**Property**     Do Not Quote  
 Attach as many sheets as necessary

<p><b>Location #:</b> _____ <b>Building #:</b> _____</p> <p>Insurance Values</p> <p>Building: \$ _____</p> <p>Contents: \$ _____</p> <p>Business Income: \$ _____</p> <p>Miscellaneous: \$ _____</p> <p>Responding Fire Co: _____</p> <p>Distance to Hydrant: _____</p> <p>Year Built: _____ Sq Ft: _____</p> <p>Year Updated: _____</p> <p>Roof _____ Wiring _____</p> <p>Plumbing _____ Heating _____</p>	<p>Alarms: <input type="checkbox"/> Fire    <input type="checkbox"/> Burglar    <input type="checkbox"/> Both</p> <p style="padding-left: 20px;"><input type="checkbox"/> Local Only    <input type="checkbox"/> Central Station</p> <p>Heat: <input type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Other _____</p> <p>Sprinklers? _____</p> <p>Construction: (frame, masonry, etc.) _____</p> <p>Roof: (metal, composition shingle, etc.) _____</p> <p>Siding: (metal, vinyl, wood, etc.) _____</p>
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<p><b>Location #:</b> _____ <b>Building #:</b> _____</p> <p>Insurance Values</p> <p>Building: \$ _____</p> <p>Contents: \$ _____</p> <p>Business Income: \$ _____</p> <p>Miscellaneous: \$ _____</p> <p>Responding Fire Co: _____</p> <p>Distance to Hydrant: _____</p> <p>Year Built: _____ Sq Ft: _____</p> <p>Year Updated: _____</p> <p>Roof _____ Wiring _____</p> <p>Plumbing _____ Heating _____</p>	<p>Alarms: <input type="checkbox"/> Fire    <input type="checkbox"/> Burglar    <input type="checkbox"/> Both</p> <p style="padding-left: 20px;"><input type="checkbox"/> Local Only    <input type="checkbox"/> Central Station</p> <p>Heat: <input type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Other _____</p> <p>Sprinklers? _____</p> <p>Construction: (frame, masonry, etc.) _____</p> <p>Roof: (metal, composition shingle, etc.) _____</p> <p>Siding: (metal, vinyl, wood, etc.) _____</p>
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**General Liability**  Do Not Quote

Limits  
 Per Occurrence  \$1,000,000  \$2,000,000  Other: \$ \_\_\_\_\_  
 Aggregate  \$1,000,000  \$2,000,000  \$3,000,000  Other: \$ \_\_\_\_\_

Location #1: Yearly Est. Gross Sales: \$ \_\_\_\_\_ Yearly Payroll: \$ \_\_\_\_\_  
 Location #2: Yearly Est. Gross Sales: \$ \_\_\_\_\_ Yearly Payroll: \$ \_\_\_\_\_  
 Location #3: Yearly Est. Gross Sales: \$ \_\_\_\_\_ Yearly Payroll: \$ \_\_\_\_\_

Do you currently offer health insurance to your employees? \_\_\_\_\_

**Business Auto**  Do Not Quote

Coverage Limits

Liability	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,500,000	<input type="checkbox"/> Other: \$ _____
Uninsured Motorists (UM):	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,500,000	<input type="checkbox"/> Other: \$ _____
Underinsured Motorists (UIM)	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,500,000	<input type="checkbox"/> Other: \$ _____
Medical	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other: \$ _____
PIP (if available in your state)	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other: \$ _____
Physical Damage Deductible:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> Other: \$ _____

Garaging address (if different than mailing): \_\_\_\_\_

Cities where you operate: \_\_\_\_\_ Radius in Miles: \_\_\_\_\_

Any other vehicles owned but not listed?  Yes  No

Complete and Attach separately:  
 Driver List (example below)  
 Vehicle List (example below)

**Internal Use Only:**  
 1 Any Auto  2 All Owned Autos  7 Listed Autos  8 Hired Autos  9 Non-owned Autos



### Vehicle List

Attach only if quoting **Business Auto**. Use this form or attach a copy from your existing policy.

	Year	Make	Model	VIN	Total \$ Value	Seating Capacity*	Liab	Comp	Coll	Med	PIP
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Include driver in seating capacity.

Liab = Liability  
 Comp = Comprehensive  
 Coll = Collision  
 Med = Medical Payments  
 PIP = Personal Injury Protection



### Driver List

Attach only if quoting **Business Auto**. Use this form or attach a copy from your existing policy.

	Name	Date of Birth	License #	State Licensed:	Years Experience	# of Traffic Violations*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

\* Attach MVRs from your file

**Workers' Compensation**     Do Not Quote

## Coverage Limits

- \$100,000/\$500,000/\$100,000  
 \$500,000/\$500,000/\$500,000  
 \$1,000,000/\$1,000,000/\$1,000,000

## Include with this application

- Current experience modification worksheet. Only applicable for businesses in operation four years or more. If your state is an NCCI state, obtain yours for free by calling them directly at 800.622.4123.

All payroll estimates yearly

**Owners / Officer Payroll**

Complete for any owner / officer with over 5% ownership interest.

Name	Date of Birth	Ownership %	Include/Exclude?	Payroll Estimate
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**Staff Payroll by Classification**

Location No.	What do your employees do?	Approx No. of EE's	Annual Payroll Estimate	Internal Use. Class Code
1	Example 1: Drive forklift. Move wood in lumber yard.	4	\$100,000	
1	Example 2: Office / Clerical	2	\$50,000	

<b>I would like to hear more about insurance for:</b>		
	<b>Yes</b>	<b>No</b>
Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>
Cyber Liability/Data Breach	<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"/>
Flood	<input type="checkbox"/>	<input type="checkbox"/>
Boat/Protection & Indemnity/Jones Act	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Ocean Marine	<input type="checkbox"/>	<input type="checkbox"/>
Employee Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>
Directors and Officers	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>
Fiduciary 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:

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_