

# Seafood Industry, Request for Insurance Quote



## Your Business Information

Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Corp    LLC    Sole Prop   FEIN or SSN: \_\_\_\_\_  
 Year Business Started: \_\_\_\_\_   Years Experience in Industry: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_   Fax: \_\_\_\_\_   Email: \_\_\_\_\_  
 What does your business do?: \_\_\_\_\_

## Property Insurance Do Not Quote

Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Building Limits: \$ \_\_\_\_\_   Contents Limits: \$ \_\_\_\_\_  
 Current Insurance Company: \_\_\_\_\_   Expiration Date: \_\_\_\_\_

## Equipment Insurance – Inland Marine (if not included above) Do Not Quote

Total Equipment Value: \$ \_\_\_\_\_  
 Current Insurance Company: \_\_\_\_\_   Expiration Date: \_\_\_\_\_

## General Liability Insurance Do Not Quote

Per Occurrence Limit: \$ \_\_\_\_\_   Aggregate Limit: \$ \_\_\_\_\_  
 Total Yearly Estimated Sales: \$ \_\_\_\_\_  
 Current Insurance Company: \_\_\_\_\_   Expiration Date: \_\_\_\_\_



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**Boat Insurance – P&I including crew (Jones Act)**  Do Not Quote

No. 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**Auto Insurance**  Do Not Quote

No. of passenger type vehicles or pickups: \_\_\_\_\_ No. of Trucks: \_\_\_\_\_  
No. of Tractors: \_\_\_\_\_ No. of Trailers: \_\_\_\_\_  
Current Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Workers' Compensation Insurance**  Do Not Quote

Total Payroll: \$ \_\_\_\_\_ No. Full Time Employees: \_\_\_\_\_ No. Part Time Employees: \_\_\_\_\_  
Current Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Health Insurance**  Do Not Quote

Total No. of Employees: \_\_\_\_\_ Total No. of Employees Participating: \_\_\_\_\_  
Current Health Plan(s): \_\_\_\_\_  
Current Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**I would like to hear more about insurance for**

Umbrella Liability:  Yes  No  
Employment Practices Liability:  Yes  No  
Business Income With Extra Expense:  Yes  No  
Inland Marine (mobile equipment):  Yes  No  
Transportation:  Yes  No  
Ocean Marine:  Yes  No  
Flood:  Yes  No  
Employee Dishonesty:  Yes  No  
Cyber Liability / Data Breach:  Yes  No  
Directors and Officers:  Yes  No  
Employee Benefits Liability:  Yes  No  
Group Health, Vision, Dental, Life, or Disability:  Yes  No  
Other: \_\_\_\_\_

**Comments:**

\_\_\_\_\_

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

sales@bankersinsurance.net

fax (800) 899-0146

