

Manufacturing Insurance Quote Request

Your Business Information

Business Name: _____

Mailing 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: _____

Current Insurance Company(s): _____

Policy Period: _____ Total Yearly Premium(s): \$ _____

Street Address

Location 1: _____

Location 2: _____

Location 3: _____

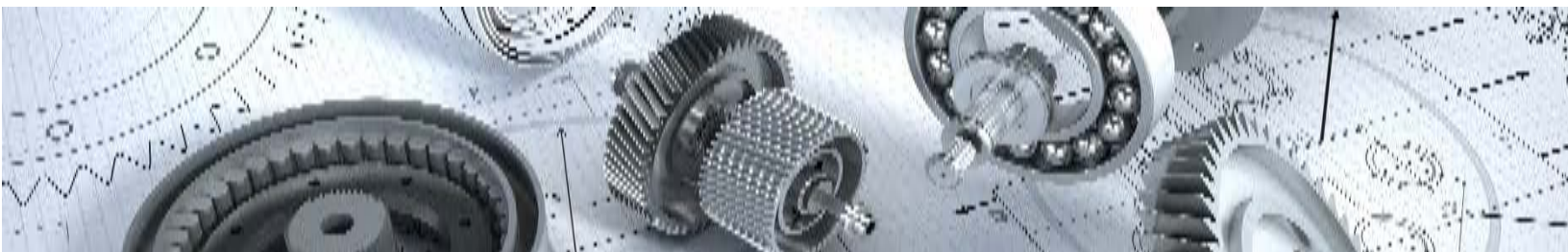
What does your business manufacture? Describe all operations:

Additional Named Insureds: _____

Attach Separately:

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:



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Property Coverage Do not quote

Location 1

Insured Values: Building \$ _____ Contents \$ _____
Business Income \$ _____ Misc \$ _____

Wall Construction (masonry, frame, metal, etc.): _____

Roof Construction (shingle, metal, tar and gravel, etc.): _____

Year Built: _____ Sq Ft: _____

Alarmed? (describe): _____ Sprinklered?: _____

Year Updated: Roof _____ Wiring _____ Plumbing _____ Heating _____

Protection Class (leave blank if unknown): _____ Distance to Hydrant: _____

Responding Fire Co: _____

Location 2

Insured Values: Building \$ _____ Contents \$ _____
Business Income \$ _____ Misc \$ _____

Wall Construction (masonry, frame, metal, etc.): _____

Roof Construction (shingle, metal, tar and gravel, etc.): _____

Year Built: _____ Sq Ft: _____

Alarmed? (describe): _____ Sprinklered?: _____

Year Updated: Roof _____ Wiring _____ Plumbing _____ Heating _____

Protection Class (leave blank if unknown): _____ Distance to Hydrant: _____

Responding Fire Co: _____

Location 3

Insured Values: Building \$ _____ Contents \$ _____
Business Income \$ _____ Misc \$ _____

Wall Construction (masonry, frame, metal, etc.): _____

Roof Construction (shingle, metal, tar and gravel, etc.): _____

Year Built: _____ Sq Ft: _____

Alarmed? (describe): _____ Sprinklered?: _____

Year Updated: Roof _____ Wiring _____ Plumbing _____ Heating _____

Protection Class (leave blank if unknown): _____ Distance to Hydrant: _____

Responding Fire Co: _____



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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

Limits:

Liability \$500,000 \$1,000,000 \$1,500,000 Other \$ _____

Uninsured Motorists (UM): \$500,000 \$1,000,000 \$1,500,000 Other \$ _____

Underinsured Motorists (UIM) \$500,000 \$1,000,000 \$1,500,000 Other \$ _____

Medical \$2,000 \$5,000 \$10,000 Other \$ _____

PIP (if available in your state) \$2,000 \$5,000 \$10,000 Other \$ _____

Physical Damage Deductible: \$500 \$1,000 \$2,500 Othe: \$ _____

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



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Vehicle List

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



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Driver List

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						



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Workers' Compensation Do not quote

\$100,000/\$500,000/\$100,000

\$500,000/\$500,000/\$500,000

\$1,000,000/\$1,000,000/\$1,000,000

Yearly Estimated Payroll (attach separately if needed.)

Manufacturing \$ _____ Outside Salespeople \$ _____ Clerical \$ _____

Owners/Officer information

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

Other Coverage Interests

Umbrella Liability: Yes No

Inland Marine (mobile equipment): Yes No

Transportation: Yes No

Flood: Yes No

Employee Dishonesty: Yes No

Cyber Liability / Data Breach: Yes No

Employment Practices Liability: Yes No

Directors and Officers: Yes No

Employee Benefits Liability: Yes No

Group Health, Vision, Dental, Life, or Disability: Yes No

Other: _____

Comments/Questions:

Applicant Signature: _____ Date: _____

sales@bankersinsurance.net

fax (800) 899-0146

