

Attn: _____ Member # _____

Important: (No Quotation can be provided unless **ALL** questions are completed)

Customer Information

Effective Date Desired: _____

Name of Insured: _____

DBA: _____ Years in Business: _____

Entity Type: Individual Partnership Corporation Joint Venture LLC Other _____

Do you need a quote for Worker's Compensation? Yes No

If yes, please provide: FEIN number or SSN number: _____ Payroll for past 12 months: _____

Contact Person: _____ Phone Number: (____) _____

Premise Address: _____

City: _____ State: _____ Zip: _____

Is the premise a home office? Yes No

Type of Business Activity: Real Estate Sales Leasing Mortgage Broker
 Property Management Appraisals Restaurant
 Other _____

Business Hours (must be closed before 12:00 midnight): _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Is this a new venture? Yes No If Yes, years of experience in similar business: _____

of Fulltime Employees/Agents: _____ # of Part-Time Employees/Agents: _____

Annual Gross Revenue: \$ _____

Do you have any prior/current Business Owners Policy insurance? Yes No

If Yes: 1. Who is your current insurance carrier? _____

2. When does your current policy expire? _____

3. How many years have you been insured? _____

4. Any claims in the last 5 years? Yes No

4a. If Yes, please provide Type of Claim, Claim Amount & Year on a separate sheet of paper.

5. Please provide a loss run report for all years insured

Business Personal Property: \$ _____ Computer Coverage: \$ _____

Would you like coverage for the building? Yes No

If Yes, Building Value: \$ _____

Is the building within 5 miles of a responding Fire Department? Yes No

Is there a fire hydrant within 1,000 feet of the building? Yes No

Is there a Central Fire Alarm? Yes No

Is the building 100% covered by sprinklers? Yes No

Is building Stand Alone? Yes No

Peril of Theft Excluded? Yes No

Is building part of a shopping center? Yes No

Square Footage of Building: _____ Square Footage Occupied by Applicant: _____

Construction Type: Frame Joint Masonry Non Combustible
Masonry NC Modified FR Fire Resistive

Year Built: _____ Year Remodel: _____ Number of Stories: _____

Occupant is: Tenant Owner Number of Occupancies in Building: _____

Liability Limit: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Deductible: \$500 \$1,000 \$2,500

Outdoor Sign Coverage? Yes No If Yes, \$ _____

Hired/Non-Owned Auto Coverage? Yes No

Money and Securities: \$5,000/\$5,000 Other \$ _____

Class C Safe? Yes No Max Money Overnight? _____

Liquor Liability: \$300,000 \$500,000 \$1,000,000
Beer and Wine Sales Only? Yes No

Annual Liquor Sales: \$ _____

Do you need any Additional Insureds? Yes (If yes complete info below) No

Do you need a Waiver of Subrogation? Yes (If yes complete info below) No

Type: Landlord Mortgagee Equipment Lessee REO Vendor Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Print Name: _____ Signature: _____

Date: _____

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim coverage containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties