

GENERAL LIABILITY QUICK QUOTE

General Information

Applicant's Name: _____	Contact: _____
Applicant's Email: _____	Phone: _____
Applicant's Mailing Address: _____	Fax: _____
_____	FEIN: _____
_____	Years in Business: _____
	Gross Annual Revenue: \$ _____
	Proposed Effective Date: ____/____/____

Applicant conducts business as:
 An individual A corporation A partnership Other (Specify): _____

Property Coverage Information

Location No: _____	Address (if different than above): _____ _____
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Applicant is: Tenant (i.e., non-owner occupant) Lessor (i.e., owner occupying less than 75%)
 Owner-Occupant (i.e., owner occupying 75% or more)

Construction: Frame (including brick veneer) Joisted Masonry or Non-Combustible
 Masonry Non-Combustible Fire Resistive; Steel, Glass

Fully Sprinklered: Yes No Area occupied by applicant (in square feet): _____

Number of Stories: _____ Total Building square footage: _____

Year building built: _____ *If over 30 years old, provide date and extent of renovations for:

Electrical Wiring:	Date: _____	Renovation:	<input type="checkbox"/> Modest	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive
Heating System:	Date: _____	Renovation:	<input type="checkbox"/> Modest	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive
Plumbing System:	Date: _____	Renovation:	<input type="checkbox"/> Modest	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive
Roof:	Date: _____	Renovation:	<input type="checkbox"/> Modest	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive

Is unit alarmed? Yes No Central Station? Yes No

Business Personal Property Limit Desired: \$ _____ (Value of office contents, furniture, PC's, Phones, Copier, etc.)

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

Employee Benefits Liability Hired/Non-Owned Auto Data Breach/Cyber Liability

WORKERS' COMPENSATION QUICK QUOTE

Estimated Annual Payroll: \$ _____ <small>(classification 8820 – Attorneys/all employees)</small>	Number of <u>Full Time:</u> _____ <u>Part Time:</u> _____ Employees:		
Please list all Officers (of a Corporation) or Equity Partners (of an LLP):			
<u>Name</u>	<u>Title</u>	<u>Percentage Ownership</u>	<u>Include or Exclude*?</u> <small>(if included, 2012 Maximum Payroll used \$104,000)</small>
		%	
		%	
		%	
*NOTE: All officers/partners who do <u>not</u> own stock <u>must</u> be covered			

Policy / Claim Information

Current Carrier: _____	Policy Term: _____
Any claims in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide currently valued Carrier generated loss runs)	
To the best of my knowledge, the information contained in this application form is accurate:	
Applicant's Signature: _____	Date: _____