

General Information

Applicant's Name: _____	Contact: _____
Applicant's Email: _____	Phone: _____
	Fax: _____
Applicant's Mailing Address: _____	FEIN: _____
	Years in Business: _____
	Gross Annual Revenue: \$ _____
Description of Operations: _____	Proposed Effective Date: ____/____/____
Applicant conducts business as: <input type="checkbox"/> An individual <input type="checkbox"/> A corporation <input type="checkbox"/> A partnership <input type="checkbox"/> Other (Specify): _____	
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)	

WORKERS' COMPENSATION QUICK QUOTE

Estimated Annual Payroll: \$ _____ (classification 8820 – Attorneys/all employees)	Number of <u>Full Time:</u> _____ Employees: <u>Part Time:</u> _____		
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> (if included, 2015 Maximum Payroll used \$111,800)
		%	
		%	
		%	
*NOTE: All officers/partners who do <u>not</u> own stock <u>must</u> be covered			

GENERAL LIABILITY / PROPERTY QUICK QUOTE**Property Coverage Information**

Location No: _____	Address (if different than above): _____ _____ _____
Applicant is: <input type="checkbox"/> Tenant (i.e., non-owner occupant) <input type="checkbox"/> Lessor (i.e., owner occupying less than 75%) <input type="checkbox"/> Owner-Occupant (i.e., owner occupying 75% or more)	
Construction:	<input type="checkbox"/> Frame (including brick veneer) <input type="checkbox"/> Joisted Masonry or Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistive; Steel, Glass
Fully Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Central Station? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Personal Property Limit Desired: \$ _____ (Value of office contents, furniture, PC's, Phones, Copier, etc.)	
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	
Employee Benefits Liability <input type="checkbox"/>	Hired/Non-Owned Auto <input type="checkbox"/> Data Breach/Cyber Liability <input type="checkbox"/>

To the best of my knowledge, the information contained in this application form is accurate:

Applicant's Signature: _____ Date: _____