

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

WORKERS' COMPENSATION QUICK QUOTE			
Estimated Annual Payroll: \$ _____ <small>(classification 8820 – Attorneys/all employees)</small>	Number of Employees:	Full Time: _____	Part Time: _____
Please list all Officers (of a Corporation) or Equity Partners (of an LLP):			
Name	Title	Percentage Ownership	Include or Exclude*? <small>(if included, 2013 Maximum Payroll used \$106,600)</small>
		%	
		%	
		%	
<i>*NOTE: All officers/partners who do <u>not</u> own stock <u>must</u> be covered</i>			

GENERAL LIABILITY 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: \$ _____ <small>(Value of office contents, furniture, PC's, Phones, Copier, etc.)</small>	
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"/>	

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