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# New Business Quote Request

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## Account Information

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Insured Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

## Insured's Operations

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Description of Operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years in Business: \_\_\_\_\_

Years in the Field: \_\_\_\_\_

Legal Entity:  Corporation  Sole Proprietor  LLC  Other \_\_\_\_\_

Website: \_\_\_\_\_

## Marketing

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Effective Date: \_\_\_\_\_ Target Premium: \_\_\_\_\_

Carriers to Quote: \_\_\_\_\_

Lines to Quote:  Property  General Liability  Crime  Professional  
 Auto  Umbrella  Workers' Comp  Other \_\_\_\_\_

Current Carrier(s): \_\_\_\_\_

Any open claims or major losses in the last five years?  Yes  No

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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# Location Information

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## Locations

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Location Number: \_\_\_\_\_ Interest:  Owner  Tenant

Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Building Information

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Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Recent Updates: Electric: \_\_\_\_\_ Roof: \_\_\_\_\_

Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Square Footage of Building / Leased Space: \_\_\_\_\_

Other Tenants in Building: \_\_\_\_\_

Sprinklers?  Yes  No

Alarm Systems:  Fire Centrally Monitored?  Yes  No

Burglar Centrally Monitored?  Yes  No

## Property Coverage

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Building Limit: \_\_\_\_\_ Additional Coverages Needed: \_\_\_\_\_

Contents Limit: \_\_\_\_\_

Deductible: \_\_\_\_\_

Coinsurance: \_\_\_\_\_

Business Income: \_\_\_\_\_

Mortgagee: \_\_\_\_\_ Loss Payee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







# Workers' Comp

## General Information & Limits

Federal Employer ID Number: \_\_\_\_\_

Current Experience Mod: \_\_\_\_\_

Total # Full-Time Employees: \_\_\_\_\_ Part-Time: \_\_\_\_\_

## Employer's Liability Limits

Each accident: \_\_\_\_\_ Each Employee: \_\_\_\_\_

Policy Limit: \_\_\_\_\_

## Excluded Officers

Name	Title	Social Security Number	Percentage of Ownership

## Locations & Payroll

Location Number: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

	Class Code / Description	Payroll
1		
2		
3		
4		
5		



# Workers' Comp

## Locations & Payroll (continued)

Location Number: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

	Class Code / Description	Payroll
1		
2		
3		
4		
5		

Location Number: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

	Class Code / Description	Payroll
1		
2		
3		
4		
5		