Commercial Lines New Business Quote Form

Producer: _____ **Eff. Date:** _____ **Submitted Date:** _____

Name: _____ **DBA:** _____

Mailing Address: _____

Contact: _____ **Entity Type:**   Ind / Corp / LLC / Partnership / Other

FEIN or SSN: _____ **DOB:** _____

Bus Phone: _____ **Bus Fax:** _____ **Cell:** _____

Email: _____ **Website:** _____

Description of Business: _____

_____

Year Business Started: _____

Prior / Current Carrier: _____ **Target Premium:** _____

Policy Numbers: _____

GL Limits: _____ / _____ **Deductible:** _____

Liability Code: _____ **Exposure:** _____ **Liability Code:** _____ **Exposure:** _____

Payroll w/o Owners: _____ **Number of Owners:** _____

Gross Receipts: _____ **Sub-contractor Cost:** _____

Employers Liability / Discrimination: _____ **# of Employees:** _____

Property

Location # 1 Address: _____

City: _____ **State:** _____ **County:** _____

Total SF: _____ **Merchant SF:** _____ **City Limits:** Inside / Outside

Interest: Owner / Tenant **% Occupied:** _____ **Basement:** Yes / No

Construction Type: _____ **Year Built:** _____ **# of Stories:** _____

Update Year **Roof:** _____ **Plumbing:** _____ **Electrical:** _____ **Heating:** _____

Building Coverage: _____ RC / ACV **Co Ins%:** _____ **Ded:** _____

Contents / BPP: _____ RC / ACV **Co Ins%:** _____ **Ded:** _____

Annual Revenue: _____ **Sign:** Metal / Frame / Other

Distance to Fire Hydrant: _____ **Fire Station:** _____

Is applicant a subsidiary of another entity? _____

Mechanical Breakdown / Boiler: _____

Other Occupancies: _____ **Area Leased:** _____

Alarm System: _____ **Central Station:** _____ **% Sprinklered:** _____ **Central Station:** _____

Front Exposure & Distance: _____ **Rear Exposure & Distance:** _____

Right Exposure & Distance: _____ **Left Exposure & Distance:** _____

Any exposure to flammables, explosives or chemicals? _____ **If yes, please explain:** _____

_____

Lien Holder / Add. Insured: _____

_____

Is a formal safety program in operation: _____ **If yes, please describe:** _____

_____

Any policy or coverage declined, cancelled or non-renewed during prior 3 years? _____

_____

_____

Loss History – 3 Year Minimum (Or Attach): _____

_____

_____

_____

_____

_____

Property – Additional Locations or Buildings If Needed

Location # 2 Address: _____

City: _____ **State:** _____ **County:** _____

Total SF: _____ **Merchant SF:** _____ **City Limits:** Inside / Outside

Interest: Owner / Tenant **% Occupied:** _____ **Basement:** Yes / No

Construction Type: _____ **Year Built:** _____ **# of Stories:** _____

Update Year: **Roof:** _____ **Plumbing:** _____ **Electrical:** _____ **Heating:** _____

Building Coverage: _____ RC or ACV **Co Ins%:** _____ **Ded:** _____

Contents / BPP: _____ RC or ACV **Co Ins%:** _____ **Ded:** _____

Annual Revenue: _____ **Sign:** Metal / Frame / Other

Distance to Fire Hydrant: _____ **Fire Station:** _____

Is applicant a subsidiary of another entity? _____

Mechanical Breakdown / Boiler: _____

Other Occupancies: _____ **Area Leased:** _____

Alarm System: _____ **Central Station:** _____ **% Sprinklered:** _____ **Central Station:** _____

Front Exposure & Distance: _____ **Rear Exposure & Distance:** _____

Right Exposure & Distance: _____ **Left Exposure & Distance:** _____

Any exposure to flammables, explosives or chemicals? _____ **If yes, please explain:** _____

_____

Lien Holder / Add. Insured: _____

_____

Business Auto

Liability CSL: _____

UM/UIM: _____

Medical: _____

Hired / Non Owned: _____

Comprehensive Ded: _____ **Collision Ded:** _____

Garage Keepers Limit: _____ **Ded:** _____ **Max Ded:** _____

Open Lot Limit: _____ **Ded:** _____ **Max Ded:** _____

	Year	Make / Model	Body Type	VIN Number	Comp	Coll	Cost New
1.	_____	_____	_____	_____	Y / N	Y / N	_____
2.	_____	_____	_____	_____	Y / N	Y / N	_____
3.	_____	_____	_____	_____	Y / N	Y / N	_____
4.	_____	_____	_____	_____	Y / N	Y / N	_____
5.	_____	_____	_____	_____	Y / N	Y / N	_____

	Driver's Full Name	DOB	License #	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Where are autos garaged? _____

Do any drivers require SR22's? _____

Are any vehicles leased to others?   Y / N   If yes, please explain: _____

Additional Insured's / Loss Payee's _____

Inland Marine

Large Equipment over $1000   **Total Value:** _____   **Ded:** _____

1. _____   **Serial #** _____   **Value:** _____

2. _____   **Serial #** _____   **Value:** _____

3. _____   **Serial #** _____   **Value:** _____

4. _____   **Serial #** _____   **Value:** _____

5. _____   **Serial #** _____   **Value:** _____

Small Tools Total Insured Value: _____   **Ded:** _____

Workers Compensation

Limits: _____ / _____ / _____   **Exp-Mod:** _____

Fed ID # _____   **Owner SSN:** _____

Class: _____   **Payroll:** _____   **Class:** _____   **Payroll:** _____

Class: _____   **Payroll:** _____   **Class:** _____   **Payroll:** _____

Owners / Corporate Officers   **Included / Excluded**

Included Owners: **Name:** _____   **DOB:** _____   **SSN:** _____

   Name: _____   **DOB:** _____   **SSN:** _____

Umbrella

Limit: _____   **Retained limit:** _____