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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:** _____