

PRODUCER: _____ PHONE: _____ FAX: _____

APPLICANT NAME: _____

CONTACT: _____ PHONE: _____ YEARS IN BUSINESS: _____

ADDRESS FOR LOC: _____ SQ FT: _____

ADDRESS FOR LOC: _____ SQ FT: _____

INTEREST OF APPLICANT: BUILDING OWNER OCCUPANT LESSOR TENANT

DESCRIBE APPLICANT'S EXACT OPERATIONS: _____

DOES APPLICANT SUBCONTRACT ANY WORK? IF YES, WHAT? _____

ENTITY INDIVIDUAL PARTNERSHIP JOINT VENTURE CORPORATION OTHER: _____

NUMBER OF ACTIVE OWNERS: _____ NUMBER OF EMPLOYEES: FULL TIME: _____ PART TIME: _____

NUMBER OF MECHANICS (EXCL. OWNERS): FULL TIME: _____ PART TIME: _____

ESTIMATED RECEIPTS FOR THIS TERM/YEAR: _____ PAST TERM/YEAR: _____

****PLEASE ATTACH CURRENT MVR'S FOR ALL DRIVERS****

PRIOR CARRIER(S) AND DATE(S): _____

LOSS HISTORY: HAVE THERE BEEN ANY CLAIMS IN PAST 5 YEARS? YES NO

(IF YES PLEASE ATTACH 5 YEARS LOSS HISTORY & DETAIL IN COMMENTS BELOW) CLAIM DATE(S): _____

LIABILITY LIMITS: _____ GARAGE KEEPER LIMITS: _____

INCLUDE HIRED / NON-OWNED AUTO LIABILITY COVERAGE? (IF APPLICABLE) YES NOTO INCLUDE OWNED AUTO COVERAGE IN YOUR QUOTE, PLEASE PROVIDE US WITH A LIST OF YOUR VEHICLES & DRIVERS' RECORDS**PROPERTY / OTHER COVERAGE:**

LOC. #	ITEM	AMOUNT	DEDUCTIBLE	FORM

PREMISES INFORMATION FOR PROPERTY COVERAGE (MUST BE COMPLETED FOR EACH LOCATION):IS THE CONDITION AND PROTECTION FROM LOSS OF THIS BUILDING: AVERAGE ABOVE AVERAGE

CONSTRUCTION TYPE: _____ STORIES: _____ BASEMENTS: _____ YEAR BUILT: _____

BUILDING TOTAL AREA: _____ FIRE PROTECTION: _____ SECURITY: _____

OTHER OCCUPANCIES: _____

IS THERE A CENTRAL STATION ALARM IN OPERATION?: YES NO NAME COMPANY: _____BUILDING UPGRADES: WIRE: _____ ROOF: _____ PLUMBING: _____ HEAT: _____ OTHER: _____

COMMENTS: _____

APPLICANT / PRODUCER SIGNATURE: _____ DATE: _____