

What coverages do you want quoted?

Business owner's policy Workers' compensation Property General liability Employment practices liability Commercial auto

Section 1 — general information

1. Desired date of policy inception?

2. Date this business started?

3. Years of experience in this industry?

4. Legal name of business?

5. Mailing address including city, state, ZIP?

6. Physical address if different from 5 above?

7. Entity type?

Sole proprietor LLC Corporation Other:

8. Contact information:

Name:

Phone:

Email:

Section 2 — general underwriting questions

1. Are any operations owned 50% or more or operated by insured not listed herein? Yes No

2. If "YES" in #1, describe in detail name, address, type of business .

3. Is the applicant a subsidiary of another company or own subsidiaries? Yes No

4. Have you sold, acquired or discontinued any operations within the past five years? Yes No

5. Have you been engaged in or are currently active in any joint ventures? Yes No

6. Has any policy/coverage been declined, cancelled or non-renewed within the past three years for any of your premises or operations?
 Missouri applicants — do not answer Yes No

7. Additional comments?

Section 3 — Commercial property

NOTE: Multiple locations require an additional location supplement

1. Internal building identifier store #, studio # .

2. Location #1 building is: Owned Leased

Year building was constructed:

3. Building value to be insured:

4. PIME value to be insured:

NOTE: PIME is permanently installed machinery and equipment required to operate your business

5. Business personal property to be insured:

Section 3 — Commercial property

6. Do you have any machinery or equipment rented or loaned to others? Yes No

7. What is your desired property deductible?

\$500 \$1,000 \$2,500 \$5,000 Other:

8. If the building is leased, how much of the personal property is improvements & betterments not listed in PIME?

<10% >10%-<25% >25%-<50% >50%-<75% Other:

9. Total square feet of the building: Square feet business occupies:

Sq. feet 1st floor: Sq. feet 2nd floor:

Sq. feet 3rd floor: Sq. feet of basement:

10. Fire hydrant location is:

Within 100 feet Within 1,000 feet Over 1,000 feet There are no hydrants

11. Fire department location is:

Within 5 road miles Over 5 road miles There is no fire department

12. Is your location within the town or city limits? Yes No

13. Distance to the coast is:

< 5 miles >5 but <15 miles > 15 miles

14. Building construction — if unknown, mark other and provide a description of materials used:

Frame Noncombustible [metal] Joisted masonry Masonry noncombustible

Other:

15. Mark all options that apply to your Building: 1 story 1 story + basement

2 story 2 story + basement 3 story 3 story + basement

Other:

16. If you have tenants in your building, please list each tenant and the square footage they occupy. These tenants are required to list you as an additional insured and provide us a certificate of insurance showing same:

17. My location/building has [check all that are present]:

Sprinkler system Central station fire alarm Central station burglar alarm

Local alarm Surveillance/security cameras Safe/vault

18. If your building is over 20 years old, please enter the approximate year of most recent updates:

Electrical _____ Plumbing _____ Air conditioning _____ Heating _____ Roof _____

19. Additional comments on updates or other property issues?

Section 4 — General liability

1. Please list your gross revenues/annual sales per location — ignore ice-cream info unless you are a Dairy Queen:

Total loc. #1: Total loc. #2: Total loc. #3:

Ice-cream loc. #1: Ice-cream loc. #2: Ice-cream loc. #3:

Total loc. #4: Total loc. #5: Total loc. #6:

Ice-cream loc. #4: Ice-cream loc. #5: Ice-cream loc. #6:

Section 4 — General liability

2. What are your desired general liability limits?

\$500,000/\$1,000,000 \$1,000,000/\$2,000,000 \$2,000,000/\$4,000,000 Other:

3. Are there owned autos titled in the name of the business? Yes No quote HNOA

4. Do you administer an employee benefits plan EBL? Yes, advise retro date: No

5. If 3. Above was "YES" have you carried uninterrupted claims made coverage since the Retro date? Yes No

6. Do you wish to receive a quote for higher limits through an umbrella policy?

No \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

7. Additional comments on general liability issues?

Section 5 — Commercial automobile

1. Quote owned autos? Standard limit is \$1,000,000 CSL Yes No

2. Radius of vehicle operation is:

0-50 miles 51-250 miles Over 250 miles

3. Check all that apply to vehicle usage:

Commute to work Work-related errands Job site visits

Delivery to customers Pick-ups from customers Transporting others for hire

4. Do you allow your drivers to take scheduled automobiles home at night? Yes No

5. Are any scheduled automobiles used by drivers' family members? Yes No

6. Are there any drivers under the age of 19 or who have less than three years of driving experience? Yes No

7. Will you be leasing/renting any vehicles for less than six months?

Yes, cost of lease/rental: No

8. Do all drivers of company owned vehicles reside in a household with at least one vehicle insured on a personal auto policy PAPI?

Yes No

9. Uninsured and underinsured motorist will match automobile liability limit unless lower coverage is requested or limited by statute/insurance carrier: Match automobile limit Other limit requested:

10. Medical payments med pay and personal injury protection PIP will be offered at basic limits unless noted:

Basic limits Other limit requested:

11. Quote physical damage coverages? *(If autos are over 12 years old, may not be available)*

Comprehensive Yes No

Collision Yes No

Towing and labor Yes No

Rental reimbursement Yes No \$20 per day/30 days \$30 per day/30 days

12. What is your desired comprehensive/collision deductible?

\$500/\$500 \$500/\$1,000 \$1,000/\$1,000 Other:

AUTO SCHEDULE

Year	Make	Model	Cost new	Garaged [city]	VIN
------	------	-------	----------	----------------	-----

DRIVER SCHEDULE

Name	Date of birth	State where licensed	License number
------	---------------	----------------------	----------------

Section 5 — Workers' compensation

- Desired date of policy inception [if different than BOP/Umbrella?]
- Do all employees work in the same State as the physical address? Yes No
- What is your federal employer's ID number [FEIN]?
- If known, what is your WC experience mod. factor?
- Is your WC coverage currently written through an assigned risk facility? Yes No
- Do you conduct background checks for each of employee? Yes No
- If the background check reveals adverse information, do you decline to hire? Yes No
- Do you lease employees to or from other companies or share labor with any other business? Yes No
- Do you use any contract labor? Yes No
- Do you have a new hire training program? Yes, formal written Yes, informal No
- What are your desired part 2 [employer's liability] limits — for umbrella coverage \$500K/\$500K/\$500K is minimum?
 \$100,000/\$500,000/\$100,000 \$500,000/\$500,000/\$500,000 \$1,000,000/\$1,000,000/\$1,000,000
- What is your total number of employees — indicate totals of part time [PT] and full time [FT] below:
 Part time: Full time:
- List your class codes [or duties if code is unknown] and payrolls in the area provided below:

State	Class code	Duties [clerical, outside sales, etc]	Payroll
-------	------------	---------------------------------------	---------

14. Depending on your state WC laws, you may or may not be able to exclude executive officers, partners, sole proprietors and members/managers of limited liability corporations. Please review the provisions of your state laws for complete details. We can provide assistance but the responsibility to follow state laws rests on you. Failure to meet state requirements in submitting proper exclusion/inclusion forms may affect your coverage or result in an additional premium due at audit. Please indicate below your intentions:

Election	Officers	Partners	Sole proprietor
We elect to include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We elect to exclude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please specifically list officers/partners/sole proprietors to be included/excluded and fill in all boxes below:

Name	Title	Ownership percentage	Include/exclude
		%	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
		%	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
		%	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
		%	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

Section 6 — Loss experience

Check this box if you have had no losses [insured or otherwise] in the last four years.

However, if you have had losses, please denote below or provide hard copy loss runs:

Insurance co.	Policy year	Premium	# losses	\$ losses
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Explain any loss that is over \$5,000 below [hard copy of losses required at binding]

Fraud notice — Where applicable under the law of your state

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties [For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information, materially related to a claim, was provided by the applicant.] [For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.] [For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.] [For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.] [For Maryland residents only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.] [For New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.] [For Oklahoma residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.] [For Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.] [For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.] [For Vermont residents only: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.]

Fraud notice — Where applicable under the law of your state

I have answered these questions to the best of my knowledge. I have not intentionally withheld or misstated any information that would influence the judgment of the insurance company. My signing of this application does not bind the company to complete the insurance transaction. This application will be the basis of the contract should a proposal and/or policy be issued.

Name and title: _____
 Must be an officer of the company or the sole proprietor

Signature: _____ DATE: _____

Your name _____ Date _____

Company name _____

Address _____

City _____ State (or province) _____ Country _____ ZIP _____

Phone number _____ Fax number _____ Email _____

For internal use only. Email address will never be sold or shared.

Date new coverage needs to be effective: _____

Describe your business

Legal entity Corporation Limited liability company Partnership Individual Other _____

Please provide a complete description of your business _____

Annual sales/receipts \$ _____ Year Business Purchased/Began _____ Federal employer ID number _____

If applicable

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? Yes No If Yes, please describe on separate page.

Employment practices liability insurance

If you employ one or more employees, you are at risk for an Employment Practice Liability claim! Examples of employment practices liability claims include: wrongful termination, sexual harassment, discrimination, etc.

Select your desired coverage amount: \$50K \$100K \$250K \$500K \$1M

Desired effective date _____

Please provide the retroactive date of your expiring EPLI coverage _____

Have you maintained/purchased continuous EPLI coverage from the requested retroactive date until the present? Yes No Please provide the name of your current EPLI coverage carrier: _____

Have you had a workforce reduction of greater than 25% within the past two years? Yes No

Do you anticipate a workforce reduction of greater than 25% in the next year? Yes No

Please provide your total number of employees, including temporary, part-time, leased, and independent contractors: _____

Do greater than 25% of your employees have a salary equal to or greater than \$100,000? Yes No

How many employment-related claims, administrative proceedings, EEOC action letters, or attorney letters have you experienced in the past three years? 0 1 2 More

Is any person proposed for coverage aware of any fact or circumstance or any actual or alleged act, error, or omission which might give rise to a claim that would fall within the scope of the proposed coverage? Yes No

Please indicate which of the following written employment-related policies are in place and are easily accessible for all employees to reference (select all that apply):

- Written employment application
- Employment at-will statement
- Employee handbook or HR policies/procedures

None of the above

Please select all that apply to your operation:

- A written procedure for reporting and tracking claim and incident information is in place
- Regular written performance evaluations
- Requires all terminations to be reviewed by HR or legal counsel
- None of the above

Application fraud warning

Any person who knowingly and with the intent to defraud any insurance company or another person files an application containing materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

Duty of Disclosure: In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide the insurers. In this respect, you must provide all information relating to the risk whether favorable or not, which would influence the judgment of prudent insurer in determining whether they will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the contract from its commencement, which may lead to claims not being met.

Signature: _____ Date: _____

Please sign and date in ink