JEWELL PROFESSIONAL INSURANCE

REQUEST FOR QUOTATION

Insurance Program for Optometrists & Office

Date new coverage needs to be effective: _____

Your name: _____ Date: _____
Practice name: _____
Business Address: _____
Mailing Address if different than above: _____
_____
Phone: _____ Fax: _____ Email: _____

Do you want a quote for: ☐ Business Insurance/ Professional Liability ☐ Workers Compensation ☐ Umbrella ☐ EPLI

Describe Your Practice: Federal Tax Number: _____ Year you opened the practice: sss
Legal Entity: ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual ☐ Other _____
Annual Revenue: $_____ Annual Payroll: $_____
Number of Employees: Full Time _____ Part Time _____ Leased _____
Do you include yourself as the owner on the **Workers Compensation** policy? ☐ Yes ☐ No
Do you own or operate *any other businesses* that need coverage on this policy? ☐ Yes ☐ No
If yes, please explain: _____
Do you need coverage for a **Profit Sharing or 401K Plan**: ☐ Yes ☐ No
If so, what is the name of your plan? _____
Do you carry **Employment Practice Liability** Insurance: ☐ Yes ☐ No
If so, what limits of liability to you have or prefer us to offer: ☐ $1M ☐ $2M ☐ Greater than $2M

Office-Property and Premises Liability Coverage: (complete for each practice location)
Do you own the building? _____, lease office _____ or own condominium office space? _____
Bldg. or Improvements Value: _____ Contents & Equipment Value: _____
Property Deductible: (please select one): ☐ $500 ☐ $1,000 ☐ Other _____

Please check the type of building construction (check only one):
☐ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Fire Resistive Inside hospital ☐ Yes ☐ No
Age of building _____ # of Stories _____ Sq. Ft. of your office _____ Approx building Sq.Ft. _____
If bldg. is older than 20 years, please enter the year below for any updates made to the building:
Rewired _____ Reroofed _____ Replumbed _____ Heat/AC upgrades _____
Do you occupy 100% of building ☐ Yes ☐ No Description of other occupants: _____
_____
Is the building 100% sprinklered ☐ Yes ☐ No
What type of burglar/fire alarm: ☐ Local alarm ☐ Central Station Security Guard: ☐ Yes ☐ No
General Liability Limit: Please choose one: ☐ $1M ☐ $2M ☐ Greater than $2M
Professional Liability Limit: Please choose one: ☐ $1M ☐ $2M ☐ Greater than $2M

Current Insurance and Claims History: (*Please attach copies of your current coverage pages for comparison)*
Name of current insurance company: _____

Have you had any claims in the last 3 years? ☐ Yes ☐ No Explain if yes: _____

When completed, fax to **1-608-405-5566**. Please make sure the phone number and email listed above is accurate so we can return the proposals to you.

WI