



REQUEST FOR QUOTATION

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 [ ] Workers Compensation [ ] Umbrella [ ] EPLI

Describe Your Practice: Federal Tax Number: \_\_\_\_\_ Year you opened the practice: \_\_\_\_\_
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
Commercial Umbrella 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 1-860-325-8951. Please make sure the phone number and email listed above is accurate so we can return the proposals to you.