



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 1-860-232-5801. Please make sure the phone number and email listed above is accurate so we can return the proposals to you.