



DATE RECEIVED: _____ NEED BY DATE: _____ Contact: _____

Entity: _____ Email Address: _____

PHONE # _____ Website Address: _____

Type of Entity: **INDIVIDUAL PARTNERSHIP LLC CORPORATION NON-PROFIT FEIN / SSN #** _____

Physical Location Address: _____

Mailing Address (if different): _____

Description of Operations: _____

Current Carriers: _____ Lapse in Coverage in last 3 years? _____

Years in Business: _____ Years of Experience: _____

GENERAL LIABILITY: Gross Receipts / Annual Payroll (breakdown by operation classification if applicable):

Operation Type: _____ Exposure: **SALES** \$ _____

PAYROLL

Operation Type: _____ Exposure: **SALES** \$ _____

PAYROLL

Type of Work Subcontracted: _____ Total _____

Additional Insured's: Cost: \$ _____
Landlord Mortgagee/LP Designated # of Waiver of Sub: _____

PROPERTY: Construction Type: _____ Foundation Type: _____

Year Built: _____ # of Floors: _____ Total Building Sq Ft: _____ Sq Ft Occupied by Insured: _____

Year of Full Updates: HVAC: _____ Plumbing: _____ Electrical: _____ Roof: _____ Type: _____

Total Building Square Footage: _____ Square Footage Occupied by Insured: _____ Total # of Floors: _____

Burglar Alarm System Type: _____ Fire Alarm System Type: _____ % _____

Building Limit: \$ _____ Sprinklered: _____
Business Personal Property Limit: \$ _____

Betterments & Improvements Limit: \$ _____ Business Income: \$ _____

WORK COMP: Number of Employees: Full Time: _____ Part Time: _____ Seasonal: _____

Owner: _____ Title: _____ % **EXCLUDED** **INCLUDED**

Owner: _____ Title: _____ % **EXCLUDED** **INCLUDED**

Description: _____ Payroll: _____ Annual _____

Description: _____ Payroll: _____ Annual _____

Description: _____ Payroll: _____ Annual _____

AUTO: Hired / Non-owned only: _____ Needs Auto Quote: _____ Has Personal Auto w/ Commercial Coverage: _____

Other Insurance: **WIND FLOOD E&O/D&O EPLI UMBRELLA CYBER CRIME** **OTHER:** _____