

## AGENCY INFORMATION

Agency Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## BUSINESS INFORMATION

Business Name / DBA: \_\_\_\_\_  
 \_\_\_\_\_  
 Description of business: \_\_\_\_\_  
 \_\_\_\_\_

Organization:  Corporation  Executor Trustee  
 Government  Individual  Joint Venture  
 Limited Partnership  LLC  LLP  Non-Profit  
 Partnership  Religious  Sole Proprietorship  
 Trust Estate  Other \_\_\_\_\_

Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Insured phone: \_\_\_\_\_ Insured email: \_\_\_\_\_

## GENERAL LIABILITY

Effective Date: \_\_\_\_\_ Do you want cyber liability?  Yes  No  
 Per Occurrence Limit:  \$300,000  \$500,000  
 \$1,000,000  \$2,000,000 Damage to premises: \_\_\_\_\_  
 Hired Non-Owned Auto Coverage  Yes  No

## WORKERS' COMPENSATION

Each Accident/Policy Limit/Employee: \$ \_\_\_\_\_ /\$ \_\_\_\_\_ /\$ \_\_\_\_\_ FEIN: \_\_\_\_\_  
 Any losses in previous 4 years? *If yes, please provide a copy of loss runs*  Yes  No Years in business: \_\_\_\_\_  
 Executive compensation is excluded  Yes  No  

Officer Name: _____	Title: _____	Ownership %: _____	Employee classification: _____	Payroll: _____	# of Employees: _____
_____	_____	_____	\$ _____ /\$ _____	_____	_____
_____	_____	_____	\$ _____ /\$ _____	_____	_____
_____	_____	_____	\$ _____ /\$ _____	_____	_____

## EXCESS LIABILITY

Excess Liability Limit — Each Accident/Policy Limit/Employee: \$ \_\_\_\_\_ /\$ \_\_\_\_\_ /\$ \_\_\_\_\_  
 Schedule Commercial Auto Coverage? *If yes, please include auto dec page*  Yes  No  
 Schedule Employers' Liability?  Yes  No

## ADDITIONAL INSURED

Legal Business Name: \_\_\_\_\_  
 Additional Insured Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Interest / Type: (Form #) \_\_\_\_\_  
 Legal Business Name: \_\_\_\_\_  
 Additional Insured Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Interest / Type: (Form #) \_\_\_\_\_

## NOTES / ADDITIONAL COVERAGES

\_\_\_\_\_

## LOCATION/BUILDING INFORMATION

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Building Limit: \$ \_\_\_\_\_ Business Personal Property: \$ \_\_\_\_\_

Sales / Revenue: \$ \_\_\_\_\_ Alcohol Sales: \$ \_\_\_\_\_ Payroll: \$ \_\_\_\_\_

Construction Type:  Frame Construction  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  
 Modified Fire Resistive  Fire Resistive

Number of stories: \_\_\_\_\_ Square footage: \_\_\_\_\_ ft<sup>2</sup> Year built: \_\_\_\_\_

Has the roof been updated in 20 years?  Yes  No

Has electrical, plumbing, HVAC been updated?  Yes  No

Does building have automatic sprinkler system?  Yes  No

Utility Services - Time Element: \$ \_\_\_\_\_ Utility Services - Direct Damage: \$ \_\_\_\_\_

Equipment breakdown?  Yes  No

Wind / Hail Deductible: \_\_\_\_\_ % AOP Deductible: \$ \_\_\_\_\_

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