

Applicant Information

Named Insured _____

Tax ID # _____

Mailing Address _____

Phone # and Email _____

Years of Experience _____

Year Business Started _____

Referred By: _____

Prior Coverage – Provide Complete Information for Past 5 Years

General Liability Property Automobile Workers' Comp Other _____
Insurance Co. _____ Expiration Date _____
of Years with Prior Carrier _____ Prior Policy # _____

General Liability Property Automobile Workers' Comp Other _____
Insurance Co. _____ Expiration Date _____
of Years with Prior Carrier _____ Prior Policy # _____

General Liability Property Automobile Workers' Comp Other _____
Insurance Co. _____ Expiration Date _____
of Years with Prior Carrier _____ Prior Policy # _____

General Liability Property Automobile Workers' Comp Other _____
Insurance Co. _____ Expiration Date _____
of Years with Prior Carrier _____ Prior Policy # _____

Physical Location #1 Information

Own

Rent

Address _____

City/State/Zip _____

Type of Construction _____

Building Improvements _____

Year Built _____

Wiring _____

Square Footage _____

Plumbing _____

Roof Type & Age _____

Heating _____

Physical Location #2 Information

Own

Rent

Address

City/State/Zip

Type of Construction

Building Improvements

Year Built

Wiring

Square Footage

Plumbing

Roof Type & Age

Heating

Physical Location #3 Information

Own

Rent

Address

City/State/Zip

Type of Construction

Building Improvements

Year Built

Wiring

Square Footage

Plumbing

Roof Type & Age

Heating

Physical Location #4 Information

Own

Rent

Address

City/State/Zip

Type of Construction

Building Improvements

Year Built

Wiring

Square Footage

Plumbing

Roof Type & Age

Heating

Physical Location #5 Information

Own

Rent

Address

City/State/Zip

Type of Construction

Building Improvements

Year Built

Wiring

Square Footage

Plumbing

Roof Type & Age

Heating

Please reproduce this page for additional locations.

GENERAL LIABILITY

Limit Requested

\$500,000
\$1,000,000
\$2,000,000

Rating Basis

Annual Payroll \$ _____
Annual Revenue \$ _____

Description of Operations:

Notes

Additional Insured Information

List any entities, such as mortgage holder, landlord, for which proof of insurance must be provided.

Description of Interest	Additional Insured's Name and Mailing Address	Additional Insured's Fax #

BUSINESS AUTO INFORMATION

Driver Information

List all drivers.

Driver's Legal Name	Sex	Date of Birth	Drivers License Number & State	Social Security Number

Accidents/Convictions

Has any driver shown above had an accident regardless of fault, or been convicted of a moving violation with the last 3 years? Yes No

If yes, answer the following questions for each accident/conviction

Driver	Date of Accident/Conviction	Description of Accident/Conviction	Place of Accident/Conviction	Bodily Injury or Death?	Dollar Amount of Property Damage

Vehicle Information

Total Numbers of Vehicles _____

If necessary, please copy this page to complete following section for all vehicles or attach your spreadsheet providing all the information requested below for each vehicle.

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Year					
Make					
Model					
Body Type					
Vehicle ID #					
Registered State					
Cost New					
Description of Use					
Radius of Operation	0-50 mi. 51-200 mi. Over 200 mi.	0-50 mi. 51-200 mi. Over 200 mi.	0-50 mi. 51-200 mi. Over 200 mi.	0-50 mi. 51-200 mi. Over 200 mi.	0-50 mi. 51-200 mi. Over 200 mi.
Physical Damage Coverage?	Yes No	Yes No	Yes No	Yes No	Yes No
Lienholders Name And Address					

Auto Limits to be Quoted – Choose one for each coverage

Liability	\$300,000	\$500,000	\$1,000,000
Personal Injury Protection (per person)		\$2,500	\$5,000 \$10,000
Uninsured/Underinsured Motorists	Same as Liability		Other _____
Hired Auto Liability*	None	\$1,000,000	Other _____
Non-Owned Auto Liability*	None	\$1,000,000	Other _____

Hired Auto Liability provides liability coverage for vehicles you rent or hire. Non-Owned Auto Liability provides liability coverage for your business when your employee uses their personal auto for your business.

Notes

Lienholder Information

Vehicle No.	Lienholder Name and Mailing Address	Loan Number

WORKERS' COMPENSATION INFORMATION

Locations

#	STREET, CITY, COUNTY, STATE, ZIP CODE

Employer's Liability Limits – choose one of the following options

\$100,000 \$500,000 \$100,000	Each Accident Disease-Policy Limit Disease Each Employee	\$500,000 \$500,000 \$500,000	Each Accident Disease-Policy Limit Disease Each Employee	\$1,000,000 \$1,000,000 \$1,000,000	Each Accident Disease-Policy Limit Disease Each Employee
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Rating Information

STATE	LOC # (above)	CLASS CODE	CATEGORIES, DUTIES, CLASSIFICATION	# EMPLOYEES		ANNUAL PAYROLL
				FULL TIME	PART TIME	

USL&H Required: Yes No

Business Owners

Name	% Owned	Date of Birth	SS#	Included/Excluded	Payroll

Notes:
