

## 1. APPLICANT INFORMATION

Name \_\_\_\_\_ Number of Employees \_\_\_\_\_

Mailing Address \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Physical Address  Check if same as mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

## 2. LOSS INFORMATION *Note: Attach an additional sheet/explanation if needed.*

Date of Loss	Type of Loss	Amount Paid/Open Reserves

Check if no losses

## 3. PROPERTY *Note: Provide same information for each location if more than one location.*

Location 1:  Check if same as physical address. If different: \_\_\_\_\_

Construction	Protection Class	# Stories	Total Area	Sprinklered	Year Built	Year Roof Updated	Year Electrical Updated
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Coverage	Limit	Deductible
Building		
Business Personal Property		
Equipment Breakdown		

## 4. GENERAL LIABILITY

Select Limits: Per Occurrence / General Aggregate Gross Revenue \$ \_\_\_\_\_

- \$ 500,000 \$1,000,000
- \$1,000,000 \$2,000,000
- \$2,000,000 \$4,000,000

Medical Expense:  Excluded  \$500  \$1,000  \$10,000

Damage to Rented Premises (\$300,000 included): \$ \_\_\_\_\_

## 5. AUTO

Select Limits:  \$300,000  \$500,000  \$1,000,000

Hired Auto Liability  Non-owned Auto Liability  Hired Physical Damage

## 6. WORKER'S COMPENSATION *Note: Only 8810 (Clerical) and 8742 (Sales) eligible.*

Select Limits:  \$100,000/\$500,000/\$100,000 FEIN # \_\_\_\_\_

\$500,000/\$500,000/\$500,000 State Employment ID# \_\_\_\_\_

\$1,000,000/\$1,000,000/\$1,000,000

Class Code	Payroll

Experience Mod: (if applicable) \_\_\_\_\_ Type Status \_\_\_\_\_