

Company Name			
FEIN / SS#			
Mailing Address			
Contact Info	Phone:	Fax:	Cell:
	Email:	Website:	
Year Bus Started		<3 yrs- Describe experience? -	
Entity Type			
Description of Operations			

Physical Location #1 Information ☐ Own (Same Name?) ☐ Lease ☐ Home Office

Address			
City/State/Zip			
Address			
City/State/Zip			

Type of Construction			Building Updates Yr	
Year Built		Sprinklered?	Y	N
Sq Ft: Total Bld			Wiring	Y N
Sq Ft: Ins Space			Plumbing	Y N
Building Limit			Heating	Y N
			Roof Type & Age	Y N

Business Personal Property

Equipment? _____

Inventory _____

Furniture & Other Contents _____

Computer Equip/Soft/Data _____

Betterments & Improvements _____

Physical Location #2 Information ☐ Own (Same Name?) ☐ Lease ☐ Home Office

Address _____

City/State/Zip _____

Type of Construction			Building Updates Yr	
Year Built		Sprinklered?	Y	N
Sq Ft: Total Bld			Wiring	Y N
Sq Ft: Ins Space			Plumbing	Y N
Building Limit			Heating	Y N
			Roof Type & Age	Y N

Business Personal Property

Equipment? _____

Inventory _____

Furniture & Other Contents _____

Computer Equip/Soft/Data _____

Betterments & Improvements _____

GENERAL LIABILITY

Class of Business	Estimated Payroll	Gross Revenue	Foreign Revenue

General Information – Explain all “Yes” responses

<input type="checkbox"/> Yes <input type="checkbox"/> No	Any operations sold, acquired, or discontinued in last 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Machinery or equipment loaned or rented to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any parking facilities owned/rented?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any athletic activities, sporting or social events sponsored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal written safety and security policy in effect?

Operations in any other States? Countries? _____

Quote Commercial Excess ☐ 1,000,000 ☐ 2,000,000 ☐ 3,000,000 ☐ _____

Certificate Holders? Request Copies or Cert Holder List

BUSINESS AUTO INFORMATION

Vehicle Information

See attached vehicle list ☐

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Year			
Make			
Model			
Body Type			
Vehicle ID #			
Registered State	To Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	To Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	To Insured <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost New	<input type="checkbox"/> Lien	<input type="checkbox"/> Lien	<input type="checkbox"/> Lien
Description of Use			
Garaged @ Loc #	<input type="checkbox"/> Other (See Remarks)	<input type="checkbox"/> Other (See Remarks)	<input type="checkbox"/> Other (See Remarks)
Radius of Operation/ GVW	<input type="checkbox"/> 0-50 mi. GVW _____ <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. GVW _____ <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. GVW _____ <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.
Physical Damage Coverage?	Comp Ded _____ <input type="checkbox"/> None Coll Ded _____ <input type="checkbox"/> None <input type="checkbox"/> Lien	Comp Ded _____ <input type="checkbox"/> None Coll Ded _____ <input type="checkbox"/> None <input type="checkbox"/> Lien	Comp Ded _____ <input type="checkbox"/> None Coll Ded _____ <input type="checkbox"/> None <input type="checkbox"/> Lien

	VEHICLE 4	VEHICLE 5	VEHICLE 6
Year			
Make			
Model			
Body Type			
Vehicle ID #			
Registered State	To Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	To Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	To Insured <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost New	<input type="checkbox"/> Lien	<input type="checkbox"/> Lien	<input type="checkbox"/> Lien
Description of Use			
Garaged @ Loc #	<input type="checkbox"/> Other (See Remarks)	<input type="checkbox"/> Other (See Remarks)	<input type="checkbox"/> Other (See Remarks)
Radius of Operation	<input type="checkbox"/> 0-50 mi. GVW _____ <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. GVW _____ <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. GVW _____ <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.
Physical Damage Coverage?	Comp Ded _____ <input type="checkbox"/> None Coll Ded _____ <input type="checkbox"/> None <input type="checkbox"/> None	Comp Ded _____ <input type="checkbox"/> None Coll Ded _____ <input type="checkbox"/> None <input type="checkbox"/> None	Comp Ded _____ <input type="checkbox"/> None Coll Ded _____ <input type="checkbox"/> None <input type="checkbox"/> None

	VEHICLE 7	VEHICLE 8	VEHICLE 9
Year			
Make			
Model			
Body Type			
Vehicle ID #			
Registered State	To Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	To Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	To Insured <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost New	<input type="checkbox"/> Lien	<input type="checkbox"/> Lien	<input type="checkbox"/> Lien
Description of Use			
Garaged @ Loc #	<input type="checkbox"/> Other (See Remarks)	<input type="checkbox"/> Other (See Remarks)	<input type="checkbox"/> Other (See Remarks)
Radius of Operation	<input type="checkbox"/> 0-50 mi. GVW _____ <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. GVW _____ <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. GVW _____ <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.
Physical Damage Coverage?	Comp Ded _____ <input type="checkbox"/> None Coll Ded _____ <input type="checkbox"/> None <input type="checkbox"/> None	Comp Ded _____ <input type="checkbox"/> None Coll Ded _____ <input type="checkbox"/> None <input type="checkbox"/> None	Comp Ded _____ <input type="checkbox"/> None Coll Ded _____ <input type="checkbox"/> None <input type="checkbox"/> None

Driver Information

Total number of Employees _____ Total Number of Drivers _____ See attached driver list ☐

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

Another page with additional vehicles? Yes No Total Numbers of Vehicles _____

Auto Limits to be Quoted

Liability ☐ \$1,000,000

Uninsured/Underinsured Motorists ☐ Same as Liability

☐ Other _____

Comp/Collision Deductible ☐ \$500 ☐ \$1,000 ☐ Other

Hired Auto Liability ☐ None ☐ \$1,000,000

☐ Other _____

Hired Physical Damage ☐ None Limit _____

Non-Owned Auto Liability ☐ None ☐ \$1,000,000

☐ Other _____

General Information – Provide explanation for all “Yes” responses

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any vehicles owned but not scheduled on this application?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are all vehicles registered to the named insured? (if not then to who?) – obtain copies of registrations
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do over 50% of the employees use their autos in the business?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a vehicle maintenance program in operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any vehicles leased to the named insured?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any vehicles leased to others?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any vehicles customized, altered or have special equipment?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have vehicles that cross state lines?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any fillings required such as MCP (motor carrier permit)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the owner insure all personal vehicles in the business?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any vehicles used by family members? If so, identify in Remarks.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you obtain MVR's prior to allowing anyone to drive a company vehicle?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are all “autos” on the application including all trailers?

WORKERS' COMPENSATION INFORMATION

Current Coverage Information

☐ No Prior Coverage

Insurance Carrier _____

Agent Name _____ Expiration Date _____

Years w/Current Carrier _____ Policy # _____ Premium _____

Employer's Liability Limits

<input type="checkbox"/> \$100,000	Each Accident	<input type="checkbox"/> \$500,000	Each Accident	<input type="checkbox"/> \$1,000,000	Each Accident
<input type="checkbox"/> \$500,000	Disease-Policy Limit	<input type="checkbox"/> \$500,000	Disease-Policy Limit	<input type="checkbox"/> \$1,000,000	Disease-Policy Limit
<input type="checkbox"/> \$100,000	Disease Each Employee	<input type="checkbox"/> \$500,000	Disease Each Employee	<input type="checkbox"/> \$1,000,000	Disease Each Employee

Named Insured(s) Information

FEIN	Entity Name	Entity Type

Location(s)

#	STREET, CITY, COUNTY, STATE, ZIP CODE

Rating Information

STATE	LOC #	CLASS CODE	CATEGORIES, DUTIES, CLASSIFICATION	OWNER OF CR INC/EXC	# EMPYES		ANNUAL PAYROLL
					FT	PT	

WORKERS' COMPENSATION INFORMATION

General Information – Explain all “Yes” responses

<input type="checkbox"/> Yes <input type="checkbox"/> No	Any work performed underground of above 15 feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the company engaged in any other type of business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are sub-contractors used? % of work subcontracted and type of work
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any work sublet without certificates of insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tell me about your company's safety program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any group transportation provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any employees under 16 or over 60 years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your seasonal? What months is your business typically closed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any volunteers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do employees travel out of state? Where and How Often?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any employees predominantly work at home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an Experience Modification?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Group Health offered to all employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Paid Vacation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Paid Sick Leave?

Safety Program

<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal written safety program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it IIPP Compliant with SB 198:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Meetings for all Employees
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Training for all Employees:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Meetings Documented
<input type="checkbox"/> Yes <input type="checkbox"/> No	Return to work program
<input type="checkbox"/> Yes <input type="checkbox"/> No	RTW to full time modified work
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor accountability plan
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Maximum weight lifted manually _____lbs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Prot Equip provided and enforced?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Machine safety guards in place?
	Describe housekeeping?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc accident investigation
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Records Maintained?
	Who does the Investigations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Full time Safety Director?
Name	
Phone	
Email	

