

Affinity Insurance Services

Business & Workers Compensation Insurance Quote Request

Fax Completed Form To 800-567-4028

Your Name: _____ Date: ____/____/____
 Company Name: _____
 Address: _____ City: _____
 County: _____ State: _____ ZIP: _____
 Phone Number: (____) _____ Fax Number: (____) _____
 E-mail Address: _____

Date new coverage
 needs to be effective
 ____/____/____

Do you want a quote for: Business Insurance Workers Compensation Umbrella

Describe Your Business:

Legal Entity: Corporation LLC Partnership Individual

Please provide a complete description of your business:

Years in Business: _____ years Industry Experience: _____ years FEIN# _____
 Annual Sales: \$ _____ Annual Payroll: \$ _____
 Number of Employees: Full Time _____ Part Time _____ Leased _____

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? Yes No
 If Yes, please tell us about them:

Current Insurance and Claims History:

Current insurance company: _____ Current Premium \$ _____
 Have you had any claims submitted to your insurance carrier in the last three years? Yes No
If Yes, please describe any losses in the last three years. Including date of loss, \$ amount and details on separate page.

Property and Coverage Information:

Please tell us about each of your locations.
(Use as many pages as necessary.)

Location Number: _____ of _____
 Location Address: Same as the company address... Yes No
 If No, please enter the building address.
 Street: _____
 City: _____
 County: _____ State: _____ ZIP: _____
 Sq. ft. occupied by you: _____ sq. ft.

How many stories? _____
 Approx. total building sq. ft: _____
 Are there other businesses in same building? Yes No
If Yes, please provide a complete description of the other businesses.

What year was the building built? _____
 If older than 20 years, please enter the year any updates were made to the building:
 Rewired _____ Reroofed _____
 Replumbed _____ Heater replaced _____

Please check the type of building construction
(check only one):
 Frame Joisted Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistive

What type of burglar alarm does the building have?
 None Local Alarm Central Station
 Inside Enclosed Mall Security Patrol

Is your building 100% Sprinklered? Yes No
 For this building, are you The Owner? A Tenant?

Coverage Requested:

Building Limit(if owner): \$ _____
Contents Limit: \$ _____
Deductible:
 Please choose one:
 \$250 \$500 \$1,000 Other: _____

General Liability Limit:
 Please choose one:
 \$1M \$2M Greater than \$2M

Signature _____