

Business Owner's Quote Request

General Information

1. Name of Insured: *include all entities, subsidiaries, and dba's to be included as named insured:*

2. Mailing Address: _____ City: _____ State: _____ Zip: _____

3. Principal Contact: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

4. Website: _____

5. Firm Type: Corp Partnership LLC/LLP Sole Proprietorship Joint Venture
Other: Specify: _____

6. Federal Tax # (FEIN) _____

7. Year business started: _____

8. If you have been in business fewer than 3 years, please attach resumes of key personnel.

9. Current Insurance Carrier/Company: _____

10 a) Have you had any losses or claims in the last 3 years? Yes No

b) If yes, please provide 3 loss runs (a statement of actual loss history provided by your insurance carrier) or attach a description of the claim, including date, loss type, and loss amount. We can assist in obtaining your loss run report.

11. If you need assistance with loss runs please indicate: Yes No

12. Description of operations:

13. a) Do you have any foreign operations? Yes No
If yes, please explain:

b) For manufacturers only: Do you incorporate foreign products in the manufacturing process?

Yes No

14. Number of owners: _____ Number of Employees: _____
15. Gross annual revenue: _____ 16. Annual payroll: _____
17. Desired effective date of coverage: _____

Location Information: (for additional locations complete questions 18-27 for each location)

18. Location # _____ of _____ total locations.

19. Physical Location Address:

County: _____ City: _____ State: _____ Zip Code: _____

20. Construction Type: _____ Type of Occupancy: Tenant Owner Occupied

21. Year Built: _____ If Year built is greater than 30 years, provide the year of most recent updates:

Electrical: _____ Plumbing: _____ Roof: _____ Heating: _____

22. Does the building have a functioning sprinkler system? Yes No Percent Sprinklered _____

23. Total square footage of the building your business is in: _____ Number of Stories _____

Total square footage you occupy: _____

24. Distance to the fire station: _____ Feet from a fire hydrant: _____

Theft alarm: Local Monitored Fire alarm: Local Monitored

Keyed Entry: Yes Additional comments: _____

25. Building limit requested if insuring the building: _____

26. Business contents limit: _____ Deductible: _____

Computer Hardware Equipment Limit: _____ Computer Software Equipment Limit: _____

If coverage is desired for property that is not always at your location address, please provide an equipment list that includes: description of item, value, serial number, and model

27. General Liability Limit: \$1 Mil/\$2 Mil Other Please specify:

28. Employee Benefits Liability: Yes No Employee Benefits Retro Date: _____

29. Cyber Liability*: Yes No Requested Limit: _____

30. Employment Practices Liability*: Yes No Requested Limit: _____

31. Directors & Officers Insurance*: Yes No Requested Limit: _____

32. Professional Liability*: Yes No Requested Limits: _____

33. Crime/Fiduciary/ERISA *: Yes No Requested Limits: _____

*Additional information may be requested to obtain quotes.

34. Are there any vehicles owned by the named insured: Yes No

If yes, a separate application is required. Indicate if you need the application: Yes No

35. Non-Owned/ Hired Auto Liability: Yes No Hired Auto Physical Damage: Yes No

If "Yes", please complete the following:

Hired and non-Owned Auto Questions:

Annual cost of hire/rental of autos (if any): _____ (Enter dollar amount or "if any")

Number of employees that drive their own cars for company business on a regular basis: _____

Do you check each driver's motor vehicle record prior to hire and/or annually thereafter? Yes No

Do you have a procedure for verifying employees' personal auto insurance? Yes No

Do you require minimum limits of liability on employees' personal insurance? Yes No

If "Yes", what limit? _____

If Flood or Earthquake quotes are needed, please contact our office.

Any additional information that you would like to include:

Name: _____ Date: _____

Title: _____

Applicant's Signature: _____

Please submit the completed & signed application via fax or email:

info@hiddenvalleyinc.com or 877-678-4940