|  |
| --- |
| **Other Business** |
| **PL** | **Life** | **Other** |
|  |  |  |

Account Name Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address Date of Completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Entity:** Corporation Partnership Sole Proprietor LLC Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Company Responsibilities** |
|  |  |  |
|  |  |  |
|  |  |  |

**Management: Officers, Partners, Principals**

First Named Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In Business Since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** | **Operations** | **# of Employees** | **Owned/Leased** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Locations**

Subsidiary or Affiliated Companies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**See Coverage Notes on Page 2**

|  |  |  |
| --- | --- | --- |
| **Was existing coverage reviewed with customer** | **Yes** | **No** |
| **Coverage Type** | **Offered, Accepted** | **Offered, Rejected** | **Requested Info/Quote** |
| **Workers Compensation** |  |  |  |
| **Business Income/ Extra Expense** |  |  |  |
| **General Liability** |  |  |  |
| **EPLI** |  |  |  |
| **Cyber Liability** |  |  |  |
| **E&O/Professional Liability** |  |  |  |
| **Building Ordinance & Law** |  |  |  |
| **Umbrella** |  |  |  |
| **Pollution** |  |  |  |
| **Flood** |  |  |  |
| **Other:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Valuations** | **SOURCE OF VALUES:** |
| **Building ($)** |  |  |  |
| **Contents ($)** |  |  |  |
| **Have All Named Insured Been Provided?** | **YES** | **NO** |

Other Recommendations/Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The recommended coverages have been discussed with me and I agree to decline the coverages as indicated above. Furthermore, I understand that if I wish to discuss or add these coverages in the future, it is my responsibility to notify my agent.**

**Named Insured/Authorized Rep Signature Date**

**Agent Signature Date**

Completed by phone