***Retail Insurance***



**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Legal Name(s) of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BUSINESS INFORMATION:**

**Applicant is a: ( ) Corporation ( ) Partnership ( ) Individual ( ) Other:**

**Specific Type Of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years in business: \_\_\_\_\_ If Less Then 3yrs Prev Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employers Federal ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Credentials - Affiliations: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major Concerns Of Applicant:**

1. **In Selecting An Insurance Program, What Are Your Major Concerns?**
2. **Who is Your Current Agent?**
3. **How Long Have You Been With Them?**
4. **Price Aside, Do You Have Any Concerns About Your Current Coverage?**
5. **How Would You Rate Your Current Agency Service? ( ) Poor ( ) Fair ( ) Average ( ) Good ( ) Superior**
6. **What Are Your Specific Expectations Of Me?**

**. Any previous claims? How would you rate your experience?**

**NOTES:**



**LOCATIONS:**

**Loc #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Loc #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPERTY SECTION..... *NON-INVENTORY*:**

**Loc 1. Loc 2**

**Building: $ \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Rep Cost ( ) ACV**

**Leasehold Improvements: $ \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Rep Cost ( ) ACV**

**Furniture & Fixtures: $ \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Rep Cost ( ) ACV**

**Computer/Phone System: $ \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Rep Cost ( ) ACV**

**PROPERTY SECTION..... *INVENTORY*:**

**Loc 1. Loc 2**

**Scheduled Inventory Total Value: $ \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Agreed Amount**

**Non - Scheduled Inventory Total Value: $ \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Your Cost + 20%**

**Maximum Value Unnamed loc’s USA: $ \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Your Cost + 20%**

**Maximum Value Domestic Transit: $ \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Your Cost + 20%**

**Maximum Value On Exhibition: $ \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Your Cost + 20%**

**Do you have a Peak Season? If so how much more inventory/sales do you have?\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEDUCTIBLES: ( ) $500 ( ) $1,000 ( ) $2,500 ( ) $5,000**

**Miscellaneous Property Issues:**

**Plate Glass Coverage: ( ) Yes ( ) No** If yes: Linear Feet of glass:

**Exterior Sign or Awning:** **( ) Yes ( ) No** If yes: Value: $

**Hold Up (Money & Securities): ( ) Yes ( ) No** If yes: Amount On Prem $ \_\_\_\_\_\_ Off Prem $ \_\_\_\_\_\_

**Employee Theft: ( ) Yes ( ) No** If yes: Number of Employees \_\_\_\_\_\_

**Back Up Of Sewers & Drains: ( ) Yes ( ) No** If yes: Value Of Contents In Basement Area $ \_\_\_\_\_\_\_

**Earthquake: ( ) Yes ( ) No** If yes: Complete Supplemental Application

**Flood: ( ) Yes ( ) No** If yes: Complete Federal Flood Application

**Systems Breakdown: ( ) Yes ( ) No** If yes: ( ) Air Conditioning ( ) Pressure Boiler



**Stock & Inventory Breakdown:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\_\_\_\_\_ % \_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_ % \_\_\_\_\_\_\_\_** | **\_\_\_\_\_ % \_\_\_\_\_\_\_\_** | **\_\_\_\_\_ % \_\_\_\_\_\_\_\_** | **\_\_\_\_\_ % \_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_ % \_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_ % \_\_\_\_\_\_\_\_** | **\_\_\_\_\_ % \_\_\_\_\_\_\_\_** | **\_\_\_\_\_ % \_\_\_\_\_\_\_\_** | **\_\_\_\_\_ % \_\_\_\_\_\_\_\_** |

**Exhibitions, Transit, Loans & Unnamed Location Information:**

How many shows exhibitions or fairs do you attend per year? Domestic: \_\_\_\_\_ International: \_\_\_\_\_

How do you transport your inventory when exhibiting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of foreign Freight Forwarders used, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the Average value you usually ship? $ \_\_\_\_\_\_\_\_\_\_ Maximum? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the domestic values shipped in a year? $ \_\_\_\_\_\_\_\_\_\_ Foreign? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior to installing an exhibit, how and where are works stored?

**Loss Of Income Formula: *Two Methods To Determine Coverage Needs....***

|  |  |
| --- | --- |
| **METHOD ONE** | **METHOD TWO** |
|  |  |
| Annual Gross Sales: $ \_\_\_\_\_\_\_\_\_ | Annual Pre Tax Profit: $ \_\_\_\_\_\_\_\_\_ |
|  |  |
| Less Annual Cost of Goods $ \_\_\_\_\_\_\_\_\_ | Plus Expenses That Would Continue $ \_\_\_\_\_\_\_\_\_ |
|  |  |
| Less Annual Expenses That Would Not Continue $ \_\_\_\_\_\_\_\_\_ | Plus Payroll That Would Continue $ \_\_\_\_\_\_\_\_\_ |
|  |  |
| Less Annual Payroll That Would Not Continue $ \_\_\_\_\_\_\_\_\_ |  |
|  |  |
| **Net Loss Of Income: $ \_\_\_\_\_\_\_\_\_** | **Net Loss Of Income: $ \_\_\_\_\_\_\_\_\_** |

**Physical Plant Information:**

**Age Of Building**: \_\_\_\_\_\_ **Number of Stories** \_\_\_\_\_ **Full Sprinkler System:** ( ) Yes ( ) No

**Construction**: ( ) Frame ( ) Masonry-*Wood Roof & Floors* ( ) Masonry-*Concrete & Steel Roof/Floors* ( ) Metal ( ) Fire Resist.

**Total Area**: *\_\_\_\_\_\_\_sq ft*. **Part Occupied**: *\_\_\_\_\_\_\_sq ft*. **Other Occupancies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building Improvements: ( ) Wiring yr: \_\_\_ ( ) Plumbing yr: \_\_\_ ( ) Roof yr: \_\_\_ ( ) Heat yr: \_\_\_**

**Burglar Alarm Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Central Station .. UL Cert. ( ) Motion Detectors ( ) Window Bars**



**COMPREHENSIVE LIABILITY SECTION - Coverage Information:**

**PRIMARY LIABILITY ( ) $500,000 Per Occ $1,000,000 Aggregate**

**( ) $1,000,000 Per Occ $2,000,000 Aggregate**

***ADDITIONAL LIABILITY COVERAGE***

***WILL REQUIRE SPECIAL APPLICATIONS***

1. **EMPLOYMENT RELATED PRACTICES: *( Discrimination - Sexual Harassment )***

*Limits Requested: ( ) NO ( ) $500,000 ( ) $1,000,000 ( ) Other \_\_\_\_\_\_\_\_\_*

1. **EMPLOYEE BENEFITS LIABILITY *(Mistakes In Administration Of Benefit Plans )***

*Limits Requested: ( ) NO ( ) $500,000 ( ) $1,000,000 ( ) Other \_\_\_\_\_\_\_\_\_*

1. **UMBRELLA - EXCESS LIABILITY: ( ) Yes ( ) No**

*Limits Requested: ( ) $ 1,000,000 ( ) $ 2,000,000 ( ) $\_\_,000,000*

**BASIC RATING INFORMATION**

|  |  |  |
| --- | --- | --- |
| **OPERATION** | **PRIOR YEAR**  **GROSS SALES** | **12 MONTH PROJECTION - GROSS SALES** |
|  |  |  |
| **Retail Sales** |  |  |
| **Wholesale Sales** |  |  |

**AUTOMOBILE SECTION - Coverage Information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle - Yr/Make** | **Vehicle**  **ID Number** | **Collision** | **Compr-ehensive** | **Use** | **Cost**  **New** | **GVW** | **Local**  **Inter**  **L haul** | **Garaged** |
|  |  | \_\_\_ Ded | \_\_\_ Ded |  |  |  |  |  |
|  |  | \_\_\_ Ded | \_\_\_ Ded |  |  |  |  |  |
|  |  | \_\_\_ Ded | \_\_\_ Ded |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Liability Limit ( Auto Liability, UM, UIM, H&NO)** | **( ) 500,000** | **( ) 1,000,000** |
| **Full Glass On All Private Passenger Vehicles** | **( ) Yes** | **( ) No** |
| **Towing & Labor On All Private Passenger Vehicles** | **( ) Yes** | **( ) No** |
| **Rental Reimbursement On All Private Passenger Vehicles** | **( ) Yes** | **( ) No** |



**WORKERS COMPENSATION - Coverage & Underwriting Information:**

1. **GENERAL INFORMATION CORPORATE OFFICERS:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **POSITION** | **INCLUDE OR EXCLUDE FOR WC *( Corp with 2 or less officers)*** |
|  |  |  |
| **1.** |  |  |
| **2.** |  |  |

1. **PAYROLL INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POSITION** | **MI**  **RATE**  **PER**  **$100** | **STRAIGHT TIME PAYROLL** | **OVERTIME PAYROLL** | **AVERAGE NUMBER FULL TIME STAFF** | **AVERAGE NUMBER PART TIME STAFF** |
| **Executive Officers 8809** |  | **$** | **$** | **\_\_\_M \_\_\_F** | **\_\_\_M \_\_\_F** |
| **Clerical 8810** |  | **$** | **$** | **\_\_\_M \_\_\_F** | **\_\_\_M \_\_\_F** |
|  |  | **$** | **$** | **\_\_\_M \_\_\_F** | **\_\_\_M \_\_\_F** |
|  |  | **$** | **$** | **\_\_\_M \_\_\_F** | **\_\_\_M \_\_\_F** |
|  |  | **$** | **$** | **\_\_\_M \_\_\_F** | **\_\_\_M \_\_\_F** |
|  |  | **$** | **$** | **\_\_\_M \_\_\_F** | **\_\_\_M \_\_\_F** |
|  |  | **$** | **$** | **\_\_\_M \_\_\_F** | **\_\_\_M \_\_\_F** |
|  |  | **$** | **$** | **\_\_\_M \_\_\_F** | **\_\_\_M \_\_\_F** |

**GENERAL ACCOUNT INFORMATION: *Required For All Quotations***

**Current Liability Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_**

**Current Auto Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_**

**Current Property Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_**

**Current Work Comp Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_**

**Premium & Loss Information *( Required For Underwriting & Experience Rating)***

**199\_\_\_\_: Total Package Premium $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**Total Liability Premium $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**199\_\_\_\_: Total Package Premium $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**Total Liability Premium $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**Attachments: Please Attach ( ) Copy of Current Contracts ( ) Hard Copy Loss Information ( ) Financial Information**