

# HALL & COMPANY

Professional Liability Insurance Brokers

## Business Owner's Quote Request

### General Information

1. Firm Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Website: \_\_\_\_\_

5. Firm Type:

Corp.  Partnership  LLC/LLP  Sole Proprietorship  Joint Venture  Other  Specify: \_\_\_\_\_

6. Federal Tax #: \_\_\_\_\_

7. Date original firm commenced operations: \_\_\_\_\_

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

9. Who is your current Insurance Company? \_\_\_\_\_

10. a) Have you had any losses or claims in the last 5 years?.....Yes  No

b) If yes please provide loss runs (a statement of your actual loss history provided by your insurance carrier) or the dates, amount paid and a description of each loss or claim:

If more space is needed please attach additional information when you submit the application.

Date	Amount Paid	Description

c) If no, please provide a letter stating such on your letterhead. See page 4.

11. Would you be able to provide loss runs if requested?.....Yes  No

12. Description of Operations:

12a. Do you have foreign operations? Yes  No  If yes, please explain:

13. Number of Owners: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

14. What are your annual gross receipts? \_\_\_\_\_

15. What is your annual payroll? \_\_\_\_\_

16. Coverage effective date: \_\_\_\_\_

**\*\* IF A FLOOD OR EARTHQUAKE QUOTE IS NEEDED, PLEASE CONTACT OUR OFFICE. \*\***

**Your Signature and Authorization**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Location Information**

**Please complete a separate copy of this form (Questions 17-27) for each additional Firm location.**

17. Location # \_\_\_\_ of \_\_\_\_ total locations.

18. Physical Location Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

19. Is this the location associated with the mailing address above?..... Yes  No

20. Construction Type: \_\_\_\_\_ Type of Occupancy: Tenant  Owner Occupied

21. Year Built: \_\_\_\_\_ If year built is more than 30 years ago, supply the year of the most recent updates:

Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_ Heating: \_\_\_\_\_

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

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

What is the total square footage you occupy? \_\_\_\_\_ Which floor are you located on? \_\_\_\_\_

24. Distance to the fire station: \_\_\_\_\_ Feet from the fire hydrant: \_\_\_\_\_

Are there smoke detectors? Yes  No  Dead bolt locks in use? Yes  No

Theft Alarm: Local  Monitored  Fire Alarm: Local  Monitored

25. Do any of the following business types reside in the building? Please check all that apply.

Manufacturing  Restaurant  General Warehouse  Offices  Retail  Bar or Tavern

26. Limit requested If insuring the building: \_\_\_\_\_

27. Business Contents Limit \_\_\_\_\_ Deductible \_\_\_\_\_

Computer Hardware Equipment Limit: \_\_\_\_\_ Computer Software Equipment Limit: \_\_\_\_\_

28. General Liability Limit: \$500K/1Mil  \$1Mil/2Mil  \$2Mil/4Mil

29. Employee Benefits Liability: Yes  No  Employee Benefits Retro Date: \_\_\_\_\_

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

If 'Yes' is answered, please answer supplemental questions on page 3.

31. Do you need umbrella coverage? Yes  No  Limit \_\_\_\_\_

32. Do you need limits for any of the following coverages?

Valuable Papers: \_\_\_\_\_ Employee Dishonesty: \_\_\_\_\_

Field Equipment: \_\_\_\_\_ Accounts Receivable: \_\_\_\_\_

33. Please provide a complete list of **field** equipment with values:

If more space is needed please attach additional information when you submit the application.

Field Equipment	Value

## New Business Underwriting Information

### Business Owner's Information

1. Do you have more than one name for your business or multiple names? If yes, please provide a description of operations for each:

2. If you are an engineer, what is your main focus?

3. Do you do construction management or design build? If so, please explain.

4. What percent of your receipts are from construction management or design build?

\_\_\_\_\_ %

5. Estimated number of jobs per year:

\_\_\_\_\_

6. Professional Liability Insurance Information:

Carrier	Policy Number	Effective Date	Limit

7. Total number of employees: \_\_\_\_\_

How many are off premises more than 10% of the time? \_\_\_\_\_

### Hired and non-Owned Auto Questions:

8. Annual cost of hire/rental of autos (if any): \_\_\_\_\_

9. Number of employees that drive their own cars for company business on a regular basis: \_\_\_\_\_

If any, please provide us with a drivers list to include full name, date of birth, license number and state.

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

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

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

a) If yes, what limit? \_\_\_\_\_

### To submit the application follow the instructions in the order listed below.

1. Save a copy of the completed application to your computer for your records.
2. Print, sign, and mail or fax a copy of the completed application to Hall & Company at the address below. (A signed application is needed to complete underwriting.)
3. Submit this completed electronic application to Hall & Company. Alternatively, you can fax the application to (360) 598-3703.

When you press the Submit button an e-mail window will open with the application attached. Please attach to this e-mail any additional information, if needed.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with any additional information to [submittals@hallandcompany.com](mailto:submittals@hallandcompany.com).

**Michael J Hall & Company 19660 10th Ave. NE Poulsbo, WA 98370**  
**Ph: (360) 598-3700 Fax: (360) 598-3703 Website: [www.hallandcompany.com](http://www.hallandcompany.com)**

**No Known Loss Warranty Letter**

**IF YOU HAVE NOT HAD PRIOR INSURANCE, AND/OR CANNOT OBTAIN LOSS RUNS FROM YOUR PRIOR CARRIER AND YOU HAVE NOT HAD A CLAIM IN THE PAST 5 YEARS, PLEASE TRANSFER THE FOLLOWING STATEMENT TO YOUR LETTERHEAD, SIGN AND RETURN WITH YOUR APPLICATION.**

Date: \_\_\_\_\_

As of today's date, to the best of our knowledge, information and belief, there have been no property or general liability insurance claims in the past five years.

Signed \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_