



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: _____ Number of Stories: _____ Alarm: _____ Sprinkler: _____

If year built is more than 30 years ago, supply the year of the most recent updates:

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

22. Total square footage of the building your business is in: _____

What is the total square footage you occupy? _____

23. Limit requested If insuring the building: _____

24. Business Contents Limit _____ Deductible _____

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

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

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

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

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

28. Do you need umbrella coverage? Yes No Limit _____

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

Valuable Papers: _____ Employee Dishonesty: _____

Field Equipment: _____ Accounts Receivable: _____

30. 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.

Hall & Company 19660 10th Ave. NE Poulsbo, WA 98370
Ph: (360) 598-3700 Fax: (360) 598-3703 Website: 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 _____