



Professional Liability Division
600 E. 96th Street, Suite 400
Indianapolis, IN
317-706-9500

Business Owners (General Liability and Business Property)

In order to provide an accurate and competitive quote, the following information needs to be completed in full.

Thank you!

Named Insured and Mailing address (as it should appear on declarations page)

Policy Effective/Expiration Dates:

From: _____ To: _____

Premise Information

Address (if different from mailing address above):

Owner: _____ (does not include home office)

Renter: _____ (includes home office)

Total Square Footage: _____

Percent your office occupies: _____ %

Year Built: _____

If Building is more than 20 yrs old, provide year of improvements:

(Wiring) (Roofing) (Plumbing) (Heating)

Construction Type: _____ (Frame, Masonry, Joisted Masonry)

Number of Stories: _____ Sprinkler: _____

Basement: _____ (is it finished) _____

Limits

Building Limit (if you own): \$ _____

Business Personal Property: \$ _____

Tenants Improvements & Betterments: \$ _____ (if required by lease to cover)

Computer Equipment: \$ _____

Computer Software: \$ _____

Deductible: \$ _____ (\$250, \$500, \$1,000)

Liability: \$ _____ (Occurrence) \$ _____ (Aggregate)

Umbrella: \$ _____ (if needed)

Estimated Gross Sales: \$ _____

Other

Any Additional Interest: _____ (Mortgagee, Loss Payee, etc; please list on separate paper)

Any claims in the last three years: _____ (please provide carrier loss run for any claims)

Any other locations to be covered: _____ (please provide premise information for each location to be covered)

***Attach a list any equipment to be scheduled, or additional information, and current policy declarations pages.

Workers Compensation

*Corporate Officers/payroll: _____

Payroll by classification:

Class (Example: Architect, Engineer, or Clerical) Estimated Payroll

Architect/Engineer *(not included above) \$ _____

Clerical \$ _____

Cad \$ _____

Federal Tax ID: _____

Any claims in the last three years: _____

(Please provide carrier loss run for any claims)

Do you operate any out of state branch offices: _____

Commercial Auto

Desired Limits:

Liability: \$ _____
Uninsured and Underinsured Motorist: \$ _____
Medical Payments: \$ _____

Desired Deductibles:

Collision: \$ _____
Comprehensive: \$ _____

List of autos to be covered:

<u>(Year, Make, & Model)</u>	<u>(VIN)</u>
_____	_____
_____	_____
_____	_____

List of drivers:

<u>Full Name</u>	<u>Date of Birth</u>	<u>Drivers License #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any Claims in the last three years: _____
(Please provide carrier loss run for any claims)

Do you want towing service quoted: _____

Do you want rental reimbursement quoted: _____

Do any family members drive company vehicles: _____

Additional Comments: _____

