

COMMERCIAL INSURANCE QUOTE/COVERAGE WORKSHEET

If you would like to receive a quote for business insurance, please complete application and fax it to: HUDSON & MUMA, COMMERCIAL DEPARTMENT, 248-549-6452. If you would prefer to provide your information via telephone with a service representative, please call 248-549-3519. We ensure the confidentiality of your information.

Please check the lines of insurance that you would like us to quote for you:

Property General Liability Workers Compensation Automobile

*Mandatory fields

Information About Your Company

<p>Name of Business <input type="text"/></p> <p>Legal Name of Business * <input type="text"/></p> <p>Business Address <input type="text"/></p> <p>Mailing Address <input type="text"/></p> <p>Contact Person * <input type="text"/></p> <p>Telephone * <input type="text"/></p> <p>Fax <input type="text"/></p>	<p>Website (if applicable) <input type="text"/></p> <p>How many years has the company been in business? <input checked="" type="radio"/> 1-3 <input type="radio"/> 4-7 <input type="radio"/> 8-10 <input type="radio"/> 10+</p> <p>Type of Industry - Circle <div style="border: 1px solid black; padding: 5px;"> Manufacturing Office Retail Service Technical Wholesale Other </div> </p> <p>Please describe business operations: <input type="text"/></p> <p>Please enter total number of employees: <input type="text"/> Full Time <input type="text"/> Part Time</p> <p>Requested Coverage Effective Date (mm/dd/yy) <input type="text"/></p> <p>List current insurer(s) <input type="text"/></p> <p>E-Mail Address * <input type="text"/></p>
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Property Insurance

Primary Location

Do you own or lease this location?

Own Lease

Building Address

If you own the building, what is building replacement value?

What is the total value of your Business Personal Property?
(e.g. furniture, fixtures, equipment, machinery, stock, etc.)

What is the sq. footage of your current space/bldg?

sq. ft.

What is your building constructed of? - Circle

Frame
Joisted Masonry
Non-Combustible
Masonry Non-Combustible
Modified Fire Resistive
Fire Resistive
Heavy Timber
Superior Non-Combustible
Superior Masonry Non-Combustible

Does your building have an alarm?

Yes No

Is your building sprinklered?

Yes No

How many stories are in your building?

What floor is your office on?

Year of Construction (e.g. 1986)

If the building is over 30 years old, please describe current renovations:

Any losses at this location in the last 5 years?

Yes No

Please describe any losses, year of occurrence, description and total amount paid at this location.

Location 2 (if applicable)

Do you own or lease this location?

Own Lease

Building Address

If you own the building, what is building replacement value?

What is the total value of your Business Personal Property?
(e.g. furniture, fixtures, equipment, machinery, stock, etc.)

What is the sq. footage of your current space/bldg?

sq. ft.

Does your building have an alarm?

Yes No

Is your building sprinklered?

Yes No

How many stories are in your building?

What floor is your office on?

Year of Construction (e.g. 1986)

If the building is over 30 years old, please describe current renovations:

<p>What is your building constructed of? - Circle</p> <ul style="list-style-type: none"> Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Modified Fire Resistive Fire Resistive Heavy Timber Superior Non-Combustible Superior Masonry Non-Combustible 	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Any losses at this location in the last 5 years?</p> <p><input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Please describe any losses, year of occurrence, description and total amount paid at this location.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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If you have more than two locations, please contact us. 248-549-3519

General Liability & Workers Compensation

<p>General Liability Limit (per occurrence/aggregate) - Circle</p> <div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> \$1,000,000 / \$2,000,000</p> <p><input type="checkbox"/> \$2,000,000 / \$4,000,000</p> </div>	<p>Federal Employee Identification Number</p> <div style="border: 1px solid black; padding: 2px; width: 100%;"> <p>_____ (e.g. 123-45-6789)</p> </div>								
<p>Annual Revenues to Your Business</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Employee Description - Circle</p> <div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Clerical - 8810</p> <p><input type="checkbox"/> Outside Salesperson - 8742</p> <p><input type="checkbox"/> Executive Officers - 8809</p> <p><input type="checkbox"/> Other</p> </div>								
<p>Annual Payroll</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Executive Officers Excluded</p> <p><input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p>								
<p>What percentage of your sales derive from Internet-based sales?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Names of Officers and Corporate Titles</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>								
<p>Umbrella Limit - Circle</p> <div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> \$1,000,000</p> <p><input type="checkbox"/> \$3,000,000</p> <p><input type="checkbox"/> \$5,000,000</p> </div>	<p>Any General Liability or WC losses in the last 5 years?</p> <p><input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p>								
<p>Employer's Liability Limit - Circle</p> <div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> \$500,000</p> <p><input type="checkbox"/> \$1,000,000</p> </div>	<p>Describe any losses/claims including year of occurrence, description and total amounts paid.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>								
<p>Annual Payroll Amounts</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 80%; height: 20px;"></td> <td style="padding-left: 10px;">Clerical - 8810</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="padding-left: 10px;">Outside Salespeople- 8742</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="padding-left: 10px;">Executive Officers - 8809</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="padding-left: 10px;">Other</td> </tr> </table>		Clerical - 8810		Outside Salespeople- 8742		Executive Officers - 8809		Other	
	Clerical - 8810								
	Outside Salespeople- 8742								
	Executive Officers - 8809								
	Other								

Automobile Insurance

Hired and Non-Owned exposure only?

Yes No

Do you rent cars for business use?

Yes No

Describe any auto losses/claims including year of occurrence, description and total amounts paid.

Vehicles

#	Year, Make and Model	VIN	Reg State	Usage Radius (miles) Circle	Cost New	Garage Location (City)
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	0-50 51-200 200+	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	0-50 51-200 200+	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	0-50 51-200 200+	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	0-50 51-200 200+	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	0-50 51-200 200+	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Drivers

#	Driver Name	Date of Birth	License Number	Lic State	Describe any accident or moving violations in the past 5 years
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>
4	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>
5	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>