

Shoff Darby

Application for Price Indication

Every business is unique and in turn deserves an insurance program customized to meet your needs. Please complete below so that we may contact you to discuss how we may be of service.

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Years in business? _____ Years experience? _____

Describe your business _____

Property Coverage - Tell us about your location:

Address of where you work _____

Is this your home or business location? Home Rented Office Retail store front

Construction Type of Building Frame Wood&Masonry Masonry Steel&Masonry

Year Built _____ Age of Roof _____ Age of Electric _____ Age of Plumbing _____

Square footage of your space _____ Do you have city water?

Fire Hydrants within _____ Feet Fire Dept _____ miles

Do you have an alarm system? Central Station or Local Burglar Smoke Fire

Other tenants (describe) _____

Do your clients come to your location?

How often _____

What and how much do we need to insure?

Office Contents \$ Inventory \$ Supplies \$ Computers \$

Other _____

Please estimate the total cost to replace your items

Do you take your items/equipment to the job site? Y or N

What do you take and approximate value _____

Liability Section:

Do you operate your business as a Corporation Partnership Individual LLC

Annual gross receipts for your business (this is needed for the Liability pricing) \$ _____

Do you have employees? Y or N What is your annual payroll for them _____

(Please complete the workers compensation application if you need a quote)

Do you use sub-contractors Y or N Describe _____

Do you obtain a certificate of insurance from each subcontractor? Yes or no

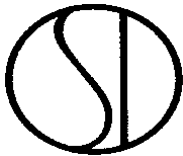
Do you have a contract with all your clients? Y or N if yes, please include a copy if possible.

Limit of Liability you would like quoted? 300,000 500,000 1,000,000 2,000,000

Do you need any additional coverage such as Liquor Liability, Third party property damage, Hired & Non-Owned Auto Liability? _____

Have you had any claims in the last three years? Yes or No, if yes please describe _____

Is there anything else I should know about your business (s) that has not been addressed above?



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