

# 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 Local Burglar Smoke Fire

Other tenants Y or N (describe) \_\_\_\_\_

\_\_\_\_\_

Do your clients come to your location? Yes No 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? Yes No

What do you take and approximate value \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Crime Section:

What is the most money at one time in hand? \_\_\_\_\_

What controls exist at the show site? \_\_\_\_\_

How often is money dropped at the bank? \_\_\_\_\_

Are at least two people escorting the funds? \_\_\_\_\_

How many employees are signers on your accounts? \_\_\_\_\_

Does your accountant audit the bookkeepers' entries? \_\_\_\_\_

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?                      What is your annual payroll for them \_\_\_\_\_

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

Do you use sub-contractors                      Describe \_\_\_\_\_

Do you obtain a certificate of insurance from each subcontractor?

Do you have a contract with all your clients?                      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? \_\_\_\_\_

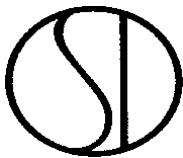
Have you had any claims in the last three years?                      , if yes please describe \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_



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