

# QUICK QUOTE APPLICATION



Desired Effective Date of Policy: \_\_\_\_\_

Limits Desired: \_\_\_\_\_

Retroactive Date of Current Policy: \_\_\_\_\_

Deductible Desired: \_\_\_\_\_

Agency Legal Name:	DBA:
Physical Address:	Year Owner Assumed Management:
City/State/Zip:	# of Years Owner Has Been Licensed:
County:	# of Agents:
Number of Locations:	Are all Locations controlled by Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No

If agency established or assumed ownership less than 3 years ago, **must** include resume of owner(s).

1. Please list the percentage of business **placed as:**  
 Retail Agent/Broker \_\_\_%      Wholesaler \_\_\_%      MGA/MGU/GA/PA \_\_\_%      Other (Specify) \_\_\_\_\_

2. **Please provide for past 12 months:**  
*(If new firm, estimate next 12 months)*

P&C Premium Volume: \$ \_\_\_\_\_

P&C Commission: \$ \_\_\_\_\_

Life & Health Commission: \$ \_\_\_\_\_

Other Ins. Related Income: \$ \_\_\_\_\_

(Specify: \_\_\_\_\_)

**TOTAL INCOME:** \$ \_\_\_\_\_

**Estimate for next 12 months:**

P&C Premium Volume: \$ \_\_\_\_\_

P&C Commission: \$ \_\_\_\_\_

Life & Health Commission: \$ \_\_\_\_\_

Other Ins. Related Income: \$ \_\_\_\_\_

(Specify: \_\_\_\_\_)

**TOTAL INCOME:** \$ \_\_\_\_\_

3. **Please breakdown your total commission:**

- \_\_\_\_\_ % - Aviation
- \_\_\_\_\_ % - Bonds
- \_\_\_\_\_ % - Crop
- \_\_\_\_\_ % - Long Haul Trucking
- \_\_\_\_\_ % - Medical Malpractice
- \_\_\_\_\_ % - Ocean/Wet Marine
- \_\_\_\_\_ % - Prof. Liability (Incl. D&O, EPLI, etc.)
- \_\_\_\_\_ % - Non-Standard Auto (Commercial)
- \_\_\_\_\_ % - Non-Standard Auto (Personal)
- \_\_\_\_\_ % - ALL OTHER COMMERCIAL LINES
- \_\_\_\_\_ % - ALL OTHER PERSONAL LINES
- \_\_\_\_\_ % - LIFE, ACCIDENT & HEALTH
- \_\_\_\_\_ % **GRAND TOTAL (MUST EQUAL 100%)**

4. Estimate the percentage of business the agency places with carriers that are:  
 Rated less than B+ by A.M. Best or are not rated: \_\_\_%      State Backed Insurance Risk Pools: \_\_\_%

5. Percentage of accounts that are directed billed? \_\_\_%

6. Does the agency utilize an (check all that apply):  
 Automated calendar/diary system       Automated accounting/Invoice system   
 Automated agency management system       Online carrier system

7. During the past 5 years, has the Applicant, any other predecessor in business, past or present owner, director, officer, partner or principal:  
 Been the subject of a complaint filed and/or disciplinary action by any insurance regulatory authority?  Yes  No  
 Had any policy or application for similar insurance declined, cancelled, rescinded or refused renewal?  Yes  No  
 Had any claim(s) made or suit(s) brought against them?  Yes  No  
 Been aware of any fact, circumstance or situation which may result in a claim being made:  Yes  No

8. Current E&O Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Ded: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

***I certify that the information provided is correct to the best of my knowledge and understand that falsification of any information provided is a fraudulent insurance act and may result in the denial of coverage.***

Signature: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_