

**Dave Mosher & associates Insurance Services, Inc.**

Producer: \_\_\_\_\_ Branch: \_\_\_\_\_ Account Manager: \_\_\_\_\_

How did you hear about Dave Mosher & associates? \_\_\_\_\_

What else can we do for you? \_\_\_\_\_

Producer \_\_\_\_\_ Client \_\_\_\_\_ Account Manager: \_\_\_\_\_

**APPLICANT INFORMATION**

**Quote Needed Date:** \_\_\_\_\_

|  |  |  |                              |
|--|--|--|------------------------------|
| <b>Name Insured:</b> _____             |  | <b>Fein or Soc. Sec#:</b> _____          |                              |
| <b>Mailing Address:</b> _____<br>_____ |  | <b>Billing Address:</b> _____<br>_____   |                              |
| <input type="checkbox"/> Individual    | <input type="checkbox"/> Corporation   | <input type="checkbox"/> Subchapter S    | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Not for Profit  |                              |
| <b>E-mail:</b> _____                   |  | <b>Website:</b> _____                    |                              |
| <b>Phone Number:</b> _____             |  | <b>Date Business Started:</b> _____      |                              |
| <b>Cellular Number:</b> _____          |  | <b>Years Experience:</b> _____           |                              |
| <b>Group Contact:</b> _____            |  | <b>Accounting Records Contact:</b> _____ |                              |
| <b>Phone Number:</b> _____             |  | <b>Phone Number:</b> _____               |                              |

Tell me about you and your business.

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES  | YES | NO | EXPLAIN ALL "YES" RESPONSES   | YES | NO |
|--|-----|----|---|-----|----|
| 1a. Is the applicant a subsidiary of another entity?                                   |     |    | 7. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? |     |    |
| 1b. Does the applicant have any subsidiaries?  |     |    |   |     |    |
| 2. Is a formal safety program in operation?  |     |    |   |     |    |
| 3. Any exposure to flammables, explosives, chemicals?                                  |     |    | 8. During the last 5 years, has any applicant been convicted of any crime related arson?                              |     |    |
| 4. Any catastrophe exposure?   |     |    | 9. Any uncorrected fire code violations?  |     |    |
| 5. Any other insurance with this company or being submitted?                           |     |    | 10. Any bankruptcies tax or credit liens against the applicant in the past five years?                                |     |    |
| 6. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? |     |    | 11. Has the business been placed in a trust?<br>If yes, Name of Trust:  |     |    |

PROPERTY SECTION

|   | Location _____<br>Building _____   | Location _____<br>Building _____   | Location _____<br>Building _____   | Location _____<br>Building _____   |
|---|--|--|--|--|
| <b>Address:</b>   | _____  | _____  | _____  | _____  |
| <b>Interest:</b>  | __ Owner<br>__ Tenant  | __ Owner<br>__ Tenant  | __ Owner<br>__ Tenant  | __ Owner<br>__ Tenant  |
| <b>% Occupied</b>   | __ Owner<br>__ Tenant  | __ Owner<br>__ Tenant  | __ Owner<br>__ Tenant  | __ Owner<br>__ Tenant  |
| <b>Distance to:</b>   | _____ ft Hydrant<br>_____ MI Fire Station  | _____ ft Hydrant<br>_____ MI Fire Station  | _____ ft Hydrant<br>_____ MI Fire Station  | _____ ft Hydrant<br>_____ MI Fire Station  |
| <b>Responding FD</b>  | _____  | _____  | _____  | _____  |
| <b>% Sprinklered</b>  | _____  | _____  | _____  | _____  |
| <b>Construction Type:</b>                                       |  |  |  |  |
| <b>Total Area:</b>  | _____  | _____  | _____  | _____  |
| <b># of Stories:</b>  | _____  | _____  | _____  | _____  |
| <b>Year Built</b>   |  |  |  |  |
| <b>Building Improvements</b>                                    | _____ Wiring Yr.<br>_____ Roofing Yr.<br>_____ Plumbing Yr.<br>_____ Heating Yr. | _____ Wiring Yr.<br>_____ Roofing Yr.<br>_____ Plumbing Yr.<br>_____ Heating Yr. | _____ Wiring Yr.<br>_____ Roofing Yr.<br>_____ Plumbing Yr.<br>_____ Heating Yr. | _____ Wiring Yr.<br>_____ Roofing Yr.<br>_____ Plumbing Yr.<br>_____ Heating Yr. |
| <b>Type of Roof:</b>  |  |  |  |  |
| <b>Building Value:</b>  |  |  |  |  |
| <b>Business Personal Prop</b>                                   |  |  |  |  |
| <b>BI/EE</b>  |  |  |  |  |
| <b>Coinsurance</b>  |  |  |  |  |
| <b>Valuation</b>  |  |  |  |  |
| <b>Cause of Loss</b>  |  |  |  |  |
| <b>Deductible</b>   |  |  |  |  |
| <b>Endorsements Alarm, Etc.</b>                                 |  |  |  |  |
| <b>Previous Carrier<br/>Previous Policy #<br/>Previous Prem</b> |  |  |  |  |

Loss payees or mortgagees \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**

|                        |  |  |  |  |
|------------------------|--|--|--|--|
|                        | <b>Location _____<br/>Building _____</b> | <b>Location _____<br/>Building _____</b> | <b>Location _____<br/>Building _____</b> | <b>Location _____<br/>Building _____</b> |
| Premium Basis          |  |  |  |  |
| Class Code             |  |  |  |  |
| Policy Type            | ___ Claims Made<br>___ Occurrence        |  |  |  |
| Retro Date             |  |  |  |  |
| General Aggregate      |  |  |  |  |
| Products Comp OP       |  |  |  |  |
| Personal & Adv. Injury |  |  |  |  |
| Each Occurrence        |  |  |  |  |
| Fire Damage            |  |  |  |  |
| Medical Expense        |  |  |  |  |
| Previous Carrier       |  |  |  |  |
| Previous Policy Number |  |  |  |  |
| Previous Premium       |  |  |  |  |

Gross Annual Sales \_\_\_\_\_

Total Payroll \_\_\_\_\_

Number of Employees: FullTime \_\_\_\_\_

Part Time \_\_\_\_\_

Employee Benefit Liability \_\_\_ Yes \_\_\_ No

Retro Date \_\_\_\_\_

Employment Practices Liability \_\_\_ Yes \_\_\_ No

**Contractors Equipment:**

Miscellaneous Tools Value: \_\_\_\_\_

**Schedule Equipment Description**

| Make | Model # | Serial # | Value | New/Used |
|------|---------|----------|-------|----------|
|      |         |          |       |          |
|      |         |          |       |          |
|      |         |          |       |          |
|      |         |          |       |          |
|      |         |          |       |          |
|      |         |          |       |          |
|      |         |          |       |          |
|      |         |          |       |          |
|      |         |          |       |          |
|      |         |          |       |          |

Any equipment leased to or from others? \_\_\_\_\_

With or without operators? \_\_\_\_\_



**Workers Compensation**      Effective Date: \_\_\_\_\_

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Limits: \_\_\_\_\_ Include Officers: (1) (2) (3) (4) (all)

Officer (1) \_\_\_\_\_ Title \_\_\_\_\_ Job Duties \_\_\_\_\_ Payroll \_\_\_\_\_

Officer (2) \_\_\_\_\_ Title \_\_\_\_\_ Job Duties \_\_\_\_\_ Payroll \_\_\_\_\_

Officer (3) \_\_\_\_\_ Title \_\_\_\_\_ Job Duties \_\_\_\_\_ Payroll \_\_\_\_\_

Officer (4) \_\_\_\_\_ Title \_\_\_\_\_ Job Duties \_\_\_\_\_ Payroll \_\_\_\_\_

Class Code \_\_\_\_\_ Payroll \_\_\_\_\_ # F/T Emp \_\_\_\_\_ # P/T Emp \_\_\_\_\_ Duties \_\_\_\_\_

Class Code \_\_\_\_\_ Payroll \_\_\_\_\_ # F/T Emp \_\_\_\_\_ # P/T Emp \_\_\_\_\_ Duties \_\_\_\_\_

Class Code \_\_\_\_\_ Payroll \_\_\_\_\_ # F/T Emp \_\_\_\_\_ # P/T Emp \_\_\_\_\_ Duties \_\_\_\_\_

Class Code \_\_\_\_\_ Payroll \_\_\_\_\_ # F/T Emp \_\_\_\_\_ # P/T Emp \_\_\_\_\_ Duties \_\_\_\_\_

|   | Yes   | No    |
|---|-------|-------|
| Does Applicant own operate or lease aircraft/watercraft?  | _____ | _____ |
| Storing or Transporting Hazardous material?               | _____ | _____ |
| Work underground or above 15 feet?                        | _____ | _____ |
| Work on barges, vessels, docks bridges, over water?       | _____ | _____ |
| Engaged in any other type of business?                    | _____ | _____ |
| Subcontractors used? What %? _____                        | _____ | _____ |
| Any work sublet without certificates?                     | _____ | _____ |
| Written Safety Program in operation?                      | _____ | _____ |
| Group transportation provided?                            | _____ | _____ |
| Employees over 60 or under 16?                            | _____ | _____ |
| Seasonal employees?                                       | _____ | _____ |
| Volunteer or donated help?                                | _____ | _____ |
| Employees with physical handicaps?                        | _____ | _____ |
| Employees travel out of state?                            | _____ | _____ |
| Athletic teams sponsored?                                 | _____ | _____ |
| Physicals required after offers of employment made?       | _____ | _____ |
| Employee health plans offered?                            | _____ | _____ |
| Labor interchange with any other business/subsidiary?     | _____ | _____ |
| Any policy canceled or declined non-renewed last 3 years? | _____ | _____ |
| Lease employees to or from other employers?               | _____ | _____ |
| Any employees work predominantly at home?                 | _____ | _____ |
| Any tax liens or bankruptcy within the last 5 years?      | _____ | _____ |
| Any disputed or unpaid audits?                            | _____ | _____ |