

COMMERCIAL PAK

Mid-America Specialty Markets Quote Information

Client _____

Submission Date _____

Agent _____

Please Quote These Lines of Coverage

- General Liability
- Property
- Inland Marine
- Business Auto
- Workers Compensation
- Umbrella
- Life
- Other Coverage

When submitting a request for quote please complete the general applicant information page along with the appropriate coverage section checked above. In addition please submit a copy of the clients' current policy declaration page(s) and any hard copy loss information for review.

Once complete fax or email these items to:

Mid-America Specialty Markets
Fax: 573-447-4998
Email: agency@mail@midaminsurance.com

GENERAL APPLICANT INFORMATION

SUBMISSION DATE _____ AGENT _____

BUSINESS NAME _____

CONTACT NAME _____ POSITION _____

MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

WEBSITE _____

PHONE _____ FAX _____ CELL _____

Federal ID _____ Years in Business _____

Type of Business: Corp LLC Sole Prop Partner Other _____

Owners:	Name	Title	% Owned	DOB	SSN
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Status of Submission : Current Carrier:
[] Quote - Need Quote Back: _____ : [] Currently Insured _____ # Years
[] Target Premium Needed: _____ : With Who:
: :
:

Full Description of Business Operations

GENERAL LIABILITY SECTION

Occurrence Limit _____ PD Deductible _____ Now Paying _____

General Aggregate _____ Medical Expense _____

Products – Completed Ops Aggregate _____ Fire Damage _____

- Occurrence
- Claims Made Retro Date _____
- Per Project Aggregate
- Additional Insured Required
- Waiver of Subrogation Required
- EPLI
- Directors and Officers
- Pollution

Description of Work Performed or Product Produced	Current Code (if available)	Payroll or Gross Sales
---	-----------------------------	------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners Actual Payroll _____ Average Number of Employees _____

Describe any use of subcontractors, names and amount paid to each:

Describe additional insured or waiver of subrogation requirements:

Describe any other special liability situation or requirements with this applicant:

PROPERTY SECTION

BUILDING #1

Now Paying _____

Physical Location Address _____
(if different from mailing address)

Applicant Owns Building
 Applicant Rents Building – List Owner _____

Responding Fire Department _____ **Dist to FD** _____ **Dist to Hydrant** _____

Square Foot _____ **Type of Heat** _____ **Describe Other Occupants** _____

Construction: Frame Masonry NC Masonry Non Combustible **Age of Building** _____

Building Limit _____ **Ded** _____ **Description of Use** _____

Contents Limit _____ **Ded** _____ **Description of Contents** _____

Signs Limit _____ **Ded** _____ **Describe any other coverage needs:**

Lien Holder:

INLAND MARINE SECTION

Describe Item	Year	Model	Serial #	Now Paying	
				Deductible	\$ Limit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Add Blanket Tool Coverage (small items under \$1,000) \$ _____

Describe any special coverage need or situation for this applicant:

Lien Holders:

BUSINESS AUTO SECTION

Now Paying _____

Limits Liability _____ UM/UIM _____ Med Pay _____

List Vehicle/Describe Use	VIN	Comp Ded	Coll Ded

List Drivers Full Name	DOB	DL #	SSN	Violations

WORKERS COMPENSATION SECTION

Now Paying _____

Currently Insured – Company _____ How Long _____

Experience Rated – Normal Anniversary Date _____ Current Mod _____

Class Code	Description of Work	# Full	#Part	Payroll

Owners Included / Excluded

Name	Title	Duties	% Owner	Inc/Exc	Actual Payroll

COMMERCIAL UMBRELLA SECTION

Now Paying _____

Limit Requested \$ _____

If not quoting all lines of coverage please list all other underlying companies and current limits if you wish to have this umbrella provide coverage over those policies.

Effective Date Line of Underlying Coverage Underlying Company Underlying Liability Limit

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE SECTION

Name DOB Smoke Y/N Describe Coverage Amount and Type Requested

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER COVERAGE SECTION

Describe:

LOSS / CLAIMS INFORMATION

Describe all claims paid and losses:
