

MID-AMERICA SPECIALTY MARKETS

2800 Forum Blvd., Suite 4B

Columbia, MO 65203

Phone: 573-447-4990 | Fax: 573-447-4998 | Email: agencyemail@midaminsurance.com

BUSINESS NAME _____

CONTACT NAME _____ **POSITION** _____

MAIL ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____

WEBSITE _____

PHONE _____ **FAX** _____ **CELL** _____

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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:**
: Currently Insured ____ # Years
 Quote - Need Quote Back: _____ : **With Who:**
 Target Premium Needed: _____ :
:

Full Description of Business Operations:

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

GENERAL LIABILITY SECTION

Occurrence Limit _____ PD Deductible _____ Now Paying _____
 General Aggregate _____ Medical Expense _____ P& COps Agg _____

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:

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 _____

INLAND MARINE SECTION

Describe Item	Year	Model	Serial #	Deductible	\$ Limit
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Add Blanket Tool Coverage (small items under \$1,000) \$ _____

BUSINESS AUTO SECTION

Liability _____ UM/UIM _____ Med Pay _____ Now Paying _____

List Vehicle/Describe Use	VIN	Comp Ded	Coll Ded
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List Drivers Full Name	DOB	DL #	SSN	Violations
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WORKERS COMPENSATION SECTION

Currently Insured – Company _____ How Long _____ Current Mod _____

Class Code	Description of Work	# Full	#Part	Payroll
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Owners Included / Excluded

Name	Title	Duties	% Owner	Inc/Exc	Actual Payroll
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LOSS / CLAIMS INFORMATION

Describe all claims paid and losses: