

COMMERCIAL PAK

Mid-America Specialty Markets Quote Information

Client _____

Submission Date _____

Submitted By _____

Please Quote These Lines of Coverage

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

Current Insurance Company _____

Current Insurance Agency _____

Expiration Date of Current Policies _____

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 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: getquote@midaminsurance.com

GENERAL APPLICANT INFORMATION - COMMERCIAL PAK

SUBMISSION DATE _____

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

Quote - Need Quote Back: _____

Target Premium Needed: _____

: Current Carrier:

: Currently Insured _____ # Years

: 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**

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** _____

Business Property of Others _____ **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

Limit Requested \$ _____

Now Paying _____

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.

<u>Effective Date</u>	<u>Line of Underlying Coverage</u>	<u>Underlying Company</u>	<u>Underlying Liability Limit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE SECTION

<u>Name</u>	<u>DOB</u>	<u>Smoke Y/N</u>	<u>Describe Coverage Amount and Type Requested</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER COVERAGE SECTION

Describe:

LOSS / CLAIMS INFORMATION

Describe all claims paid and losses:
