

CONTRACTOR PAK

Mid-America Specialty Markets Quote Information

Client _____

Submission Date _____

Submitted By _____

Please Quote These Lines of Coverage

- Liability
- Contractors Equipment and Tools
- Property
- Business Auto
- Workers Compensation
- Umbrella
- Life
- Other Coverage

Submission Checklist

- Drivers Information Included
- Loss Runs Attached
- Lien Holder Info Attached
- Additional Insured Info Attached

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 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: getquote@midaminsurance.com

GENERAL APPLICANT INFORMATION CONTRACTORS PAK 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
: With Who:
:
:

Description of Business Operations

LIABILITY SECTION

Occurrence Limit _____ Aggregate Limit _____ PD Deductible _____
Now Paying _____

Description of Work Performed	Current Code (if available)	Employee Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners Actual Payroll _____ Average Number of Employees _____

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

Describe any additional insured or waiver of subrogation requirements:

CONTRACTORS EQUIPMENT AND TOOLS SECTION

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

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

PROPERTY SECTION

Physical Location Address _____ Now Paying _____

Responding Fire Department _____ Age of Building _____ Dist to Hydrant _____

Square Foot _____ Type of Heat _____ Describe Other Occupants _____

Construction: Frame Masonry NC Masonry Non Combustible

Building Limit _____ Ded _____ Description of Use _____

Contents Limit _____ Ded _____ Description of Contents _____

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 Experience Mod _____

Class Code	Description of Work	# Full	#Part	Payroll

Individuals Included / Excluded

Name	Title	Duties	% Owner	Inc/Exc	Payroll

