



PRE-UNDERWRITING FORM

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

<input type="checkbox"/> General Liability	<input type="checkbox"/> Business Auto	<input type="checkbox"/> Recreation	<input type="checkbox"/> Homeowners
<input type="checkbox"/> Property	<input type="checkbox"/> Errors & Omissions	<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Shareholders Equity
<input type="checkbox"/> Auto	<input type="checkbox"/> Specialty	<input type="checkbox"/> Outfitters & Guides	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Garage			

Insured Name: _____ Phone: _____ Fax: _____ Expiration Date: _____

Producer Name: _____ Phone: _____ Fax: _____

Sub Producer: _____ Phone: _____ Fax: _____

Current Carrier: _____ Price: \$ _____ Renewal Being Offered: _____

Are other markets providing quotes: Yes No
If no, explain: _____

Have you attempted to place this risk in Standard Markets: Yes No
If the Standard Markets are declining, please explain why: _____

GENERAL INFORMATION

Deductible/SIR Option: \$500 \$1,000 \$2,500 \$5,000 \$10,000 Other: \$ _____

Can the Insured buy lower limits: Yes No

What limits do you think you could sell? _____

Is the Insured interested in lowering price by accepting a per-person sub-limit or higher SIR than requested?
 Yes No

What limits options can we quote (check at least three):

Per Accident/Policy Aggregate		Per Person/Per Accident/ Policy Aggregate	
<input type="checkbox"/> \$50/100	<input type="checkbox"/> \$200/400	<input type="checkbox"/> \$50/100/200	<input type="checkbox"/> \$200/400/800
<input type="checkbox"/> \$75/150	<input type="checkbox"/> \$250/500	<input type="checkbox"/> \$75/150/300	<input type="checkbox"/> \$250/500/1,000
<input type="checkbox"/> \$100/300	<input type="checkbox"/> \$300/600	<input type="checkbox"/> \$100/200/400	<input type="checkbox"/> \$500/1,000/2,000
<input type="checkbox"/> \$150/300	<input type="checkbox"/> Other: _____	<input type="checkbox"/> \$150/300/600	<input type="checkbox"/> Other: _____

Coverage Description: _____

Coverage Desired: _____

Have there been any claims in the last five years: Yes No
 If yes, a loss run is required for quoting.

Year	Open	Closed	Amount Paid	Description

SUGGESTED UNDERWRITING RATES

	Rating Basis		Rate		Credit		Increased Limits		Suggested Premium
General Liability		X		X		X		=	
Property		X		X		X		=	
Inland Marine		X		X		X		=	
Auto		X		X		X		=	
Professional		X		X		X		=	
Other: _____		X		X		X		=	

Total Building Values _____
 Total Contents Values _____
 Total Business Income Limit _____
 Total Inland Marine Values _____
 Total Bailee's Values _____

COMMERCIAL LIABILITY – SUMMARY OF GROSS RECEIPTS BY OPERATION

Description	Last Year's Receipts	Projected Receipts This Year

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What services are subcontracted? _____

List any Additional Insureds: _____

COMMERCIAL AUTOMOBILE SUMMARY

	<u>Number of Vehicles by Type</u>	<u>Radius by Type</u>	<u>Total ACV Values by Type</u>
Light Trucks	_____	_____	_____
Medium Trucks	_____	_____	_____
Heavy Trucks	_____	_____	_____
Dump Trucks	_____	_____	_____
Truck/Tractor	_____	_____	_____
Trailers	_____	_____	_____
Private Passenger	_____	_____	_____
Taxi/Limo	_____	_____	_____
Business	_____	_____	_____
Medi-Car	_____	_____	_____
Ambulance	_____	_____	_____

NOTE: To expedite the quoting process and to ensure a more accurate quote, you may attach one or more of the following summary forms: Scheduled Driver Form, Claims Summary Form, or Staff Summary Form.