



General Insurance

Please include:

- Company Bio / Resumes of the principals (showing experience)

Please answer all of the following questions. If a question is not applicable please note N/A. Please do not delete the questions when you answer as it could delay the quoting process.

1. Full name and address of your company (as it should appear on the policy):
2. Federal ID Number:
3. Year business established:
4. Company phone, fax, and website:
5. Type of entity: Corporation___ Individual___ Partnership___ LLC___
Non-Profit Corporation___ Other (please specify) _____
6. Names and titles of the officers, partners, managing members or individuals of the company and percentage of ownership for each:
7. Contact person's name, title, phone, fax, email:
8. Fully describe your business activities:



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9. Past record of insurance coverage. If none please indicate:
- a) What insurance carrier(s), if any:

 - b) Dates of coverage:

 - c) We will need all available loss history (Loss Runs) from your previous insurance carrier(s):

 - d) If you have been in business with no previous insurance, please explain:
10. Revenues/sales of the company from the above described business activities:
11. Estimate on Cost of Hire of all rented and hired non-owned vehicles. Vehicles must be rented in your company's name:
12. Owned/Leased vehicles to be scheduled, if any (vehicles must be purchased under the company's name). Please provide: Year, Make, Model, VIN, Lien Holder (if any), Cost New, and Address where each is principally garaged. Please attach a separate sheet if needed. Additional information may be requested:
13. Total Annual Payroll:



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14. Workers Compensation. Please describe each job type for your business and provide the total annual payroll for each description. You may attach a separate sheet of paper if you need more space.

***Please note** that officers/owners/partners listed above will be excluded unless coverage is specifically requested. Please do not include their payroll unless you request they be included in coverage.

- a) Where is your WC coverage now, if any? Please provide the insurance company name and policy dates:
 - 1. State Insurance Fund: Policy Number and Effective dates:
 - 2. Payroll Service Company and Certificate of Insurance:
 - 3. Other, please provide details:

15. Disability Benefits. For states that require Disability coverage, we will place statutory coverage (NY, HI, RI only). Please advise the total number of male employees and female employees (at each location).

***Please note** that NJ companies are required to carry this coverage and must place this directly with the NJ State Disability Fund. We can provide you the contact information if needed.

***Please note** that officers/owners/partners listed above will be excluded unless coverage is specifically requested. Please do not include them below unless you request they be included in coverage.

a) Number of Employees:

Location 1	Location 2
Males:	Males:
Females:	Females:
Officers (if coverage desired):	Officers (if coverage desired):
*Please indicate any additional locations	

b) Where is your Disability coverage now? Please provide the insurance company and policy dates:



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16. Information on your location(s) – Needed for each location, if Office Contents/Computer insurance is requested:
- a) Type of Construction:
 - b) Year the building was built:
 - c) Total Square footage of the BUILDING:
 - d) Total Square footage of your SPACE:
 - e) Protection (sprinklered / non-sprinklered):
 - f) Alarms – type of alarm and how/who responds should it go off:
 - g) Security – describe your security:
 - h) Occupancies of the building your office is located – i.e. commercial multi tenants or residential:
 - i) You are on what floor of how many stories?
 - j) Landlord Information, name and address:
17. Replacement Value of your Equipment – this is equipment taken on & off your premises:
- a) Owned:
 - b) Rented:
18. Replacement Value of your Office Contents (remains on premises; coverage is specific to your location) – furniture and fixtures, office machinery, fine arts, office stock and supplies, etc and any office improvements and betterments:
19. Replacement Value of your Computers (desktops, laptops, servers, etc):
20. Business Interruption / Extra Expense – give us the figure of six (6) months fixed operation expenses, including payrolls, of your business. (You may be asked to complete a Business Interruption worksheet to verify this figure.):
21. Supplemental Names that should be listed on the policy, if any; corresponding Federal ID Numbers, description of operations, and percent ownership for each name. Please attached separate sheet if you need more space:



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22. Addresses of additional locations to be covered other than primary location, if any, and description of operations at each location. Please attached a separate sheet if you need more space and indicate any corresponding supplemental names:

23. Describe any special insurance requirements. Please review your lease and vendor contracts and let us know if you have any special business operations:

24. Please tell us how you referred to *Reiff & Associates, LLC*:

Additional information may be requested upon review and submission of the outlined information to the insurance carriers. Please call us with any questions, and thank you!