# GENERAL INFORMATION:

Servicing Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Effective Date: |  | Quote Need by Date: |  |

## BASIC BUSINESS INFORMATION:

|  |  |
| --- | --- |
|  | |
| **Business/Organization Name** *(Legal Entity Name Needed)* |  |
| **Business Mailing Address** |  |
|  |  |
| **State** |  |
| **Zip Code** |  |
| **Website** |  |
| **Date Business Started** |  |
| **Federal ID Number (FEIN)** |  |
| **# of Members/Managers of LLC** |  |
| **Number of Part-Time Employees** |  |
| **Number of Full-Time Employees** |  |
| **Estimated Annual Revenue** |  |
| **Primary Business Contact Name** |  |
| **Primary Business Contact's Email** |  |
| **Primary Business Contact's Phone** |  |

|  |
| --- |
| **DESCRIPTION OF OPERATIONS** |
| ***(Describe the Insured’s operations in detail.)*** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCATION SCHEDULE** | | | | |
| **Location #** | **Address** | **City** | **State** | **Zip Code** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER NAMED INSUREDS** | | | |
| **Other Named Insured** | **Entity Type** | **If LLC, number of members/managers** | **FEIN** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## GENERAL INFORMATION:

* **Is the applicant a subsidiary of another organization?**
* *If yes, please provide details*
* **Does the applicant have subsidiaries?**
* *If yes, please provide details*
* **Does the applicant have a formal, written safety and security policy in effect?**
* *If yes, please provide details*
* **Does the applicant have any exposure to flammables, explosives, or chemicals?**
* *If yes, please provide details*
* **Has the applicant had any prior coverage declined, canceled, or non-renewed in the last three (3) years?**
* *If yes, please provide details*
* **Does the applicant have any uncorrected fire and/or safety code violations?**
* *If yes, please provide details*
* **Has the applicant had a foreclosure, repossession, or bankruptcy or filed for bankruptcy during the last five (5) years?**
* *If yes, please provide details*
* **Has the applicant had a judgement or lien during the last five (5) years?**
* *If yes, please provide details*
* **Does the applicant have any foreign operations, foreign products distributed in USA, or US products sold/distributed in foreign countries?**
* *If yes, please provide details*
* **Does the applicant own/lease/operate any drones?**
* *If yes, please provide details*
* **Has the applicant had any operations that have been sold, acquired, or discontinued in the last five (5) years?**
* *If yes, please provide details*
* **Does the applicant rent or loan equipment to others?**
* *If yes, please provide details*
* **Does the applicant have any parking facilities owned/rented?**
* *If yes, is a fee charged for parking?*
* **Does the application sponsor social events?**
* *If yes, what type of events are sponsored?*
* **Does the applicant anticipate any structural alterations?**
* *If yes, please provide details*
* **Does the applicant anticipate any demolition exposure?**
* *If yes, please provide details*
* **Does the applicant lease employees to or from other employers?**
* *If yes, please provide details*
* **Is there a labor interchange with any other business or subsidiaries?**
* *If yes, please provide details*
* **Have any crimes occurred or been attempted on the applicant’s premises with the last three (3) years?**
* *If yes, please provide details*
* **Does the applicant use any sub-contractors?**
* *If yes, provide the percentage of total work subcontracted out.*
* *If yes, do your subcontractors carry coverages or limits less than yours?*
* *Does the insured allow any work by subcontractors without a certificate of insurance? (If yes, payroll for the work must be included within the rating information)*

## PRIOR LOSS INFORMATION:

* **Has the applicant had any prior losses within the past 5 years?**
* *If yes, please provide details or attach copies of current loss runs to the attachment section of Indio.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRIOR LOSS INFORMATION** | | | | | |
| **Date of Loss** | **Location of Loss** | **Loss Type** | **Loss Amount** | **Description of Loss** | **Open/Closed Claim** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## PROPERTY:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LOCATION UNDERWRITING INFORMATION** | | | | | |
|  |  |  |  |  |  |
| **Location** |  |  |  |  |  |
| **Lease or Own?** |  |  |  |  |  |
| **Building Occupancy Description** |  |  |  |  |  |
| **Type of Construction** |  |  |  |  |  |
| **Year Built** |  |  |  |  |  |
| **Occupied Area (Sq. Ft.)** |  |  |  |  |  |
| **Total Building Square Footage** |  |  |  |  |  |
| **Number of Stories** |  |  |  |  |  |
| **Protection Class** |  |  |  |  |  |
| **Year Wiring Updated** |  |  |  |  |  |
| **Year Plumbing Updated** |  |  |  |  |  |
| **Year Heating Updated** |  |  |  |  |  |
| **Building Roof Type** |  |  |  |  |  |
| **Roof Age** |  |  |  |  |  |
| **Fire Alarm** |  |  |  |  |  |
| **Burglar Alarm** |  |  |  |  |  |
| **Monitored Alarm** |  |  |  |  |  |
| **Sprinkler System** |  |  |  |  |  |
| **SUBJECTS OF INSURANCE** | | | | | |
| **Building - Insurable Value** |  |  |  |  |  |
| **Business Personal Property - Insurable Value** |  |  |  |  |  |
| **Personal Property of Others - Insurable Value** |  |  |  |  |  |
| **Electronic/Computer Equipment - Insurable Value** |  |  |  |  |  |
| **Stock - Insurable Value** |  |  |  |  |  |
| **Desired AOP Deductible** |  |  |  |  |  |
| **(All Other Perils** **)** |
| **Wind/Hail Deductible (if applicable)** |  |  |  |  |  |
| **Is Business Income coverage desired? (If yes, provide limit)** |  |  |  |  |  |
| **Are Leasehold Improvements needed? (If yes, provide limit)** |  |  |  |  |  |
| **Is Sign coverage desired? (If yes, provide limit)** |  |  |  |  |  |
| **Are you requesting Employee Dishonesty Coverage?** |  |  |  |  |  |
| **Is ERISA coverage requested?**  **If yes, please provide name of plan**  **If yes, please provide desired limit** |  |  |  |  |  |

**Does the applicant have Loss Payee(s) or Mortgagee(s) that need to be scheduled on the policy?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LOSS PAYEE(S) / MORTGAGEE(S) *(A copy of the schedule can be separately attached within the Attachment section of the Indio form)*** | | | | | |
| **Type** | **Description of Interests** | **Loss Payee/Mortgagee Name** | **Loss Payee/Mortgagee Address** | **Bill Payor?** | **Loan Number** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## INLAND MARINE:

**Does the applicant wish for IMA Select to quote Inland Marine coverage?**

*(i.e. Builders Risks, Transportation, Equipment Floater and Installation Floater)*

|  |  |
| --- | --- |
| **INLAND MARINE COVERAGE *(Attach additional details and schedules of equipment in the attachment section of this Indio form)*** | |
| **Coverage Type** |  |
| **Contractors Equipment** |  |
| **Builders Risks/Installation Floater** |  |
| **Transportation Coverage** |  |
| **Cargo Coverage** |  |
| **Other** |  |

## GENERAL LIABILITY:

|  |  |  |
| --- | --- | --- |
| **GENERAL LIABILITY COVERAGE** | | |
| **Coverage** | **Limit** | |
| **Each Occurrence Limit** |  | |
| **Personal and Advertising Injury Limit** |  | |
| **Medical Expense Limit** |  | |
| **Damage to Premises Rented to You Limit** |  | |
| **General Aggregate Limit** |  | |
| **Products - Completed Ops Aggregate Limit** |  | |
| **ADDITIONAL GENERAL LIABILITY COVERAGES** | | |
| **Coverage** | |  |
| **Is Blanket Additional Insured desired?** | |  |
| **Is Blanket Waiver of Subrogation desired?** | |  |
| **Is Primary/Non-Contributory desired?** | |  |
| **Are Employee Benefit Plans provided? If yes, then is Employee Benefits Liability coverage desired?** | |  |

**Does the applicant have Additional Insured(s) that need to be scheduled on the policy?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ADDITIONAL INSURED(S)**  *(A copy of the schedule can be separately attached within the Attachment section of the Indio form)* | | | | | | |
| **Type** | **Description of Interest** | **Additional Insured Name** | **Mailing Address** | **City** | **State** | **Zip Code** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## AUTOMOBILE:

**Does the applicant have any owned autos?**

* *If no, then a hired and non-owned quote will be provided under the general liability quote.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VEHICLE INFORMATION**  ***(A copy of the schedule can be separately attached within the Attachment section of the Indio form)*** | | | | |
|  | **Vehicle #1** | **Vehicle #2** | **Vehicle #3** | **Vehicle #4** |
| **Year** |  |  |  |  |
| **Make** |  |  |  |  |
| **Model/Series** |  |  |  |  |
| **VIN** |  |  |  |  |
| **Body Type** |  |  |  |  |
| **Liability Coverage Only?** |  |  |  |  |
| **Comprehensive/Collision Deductible** |  |  |  |  |
| **Garaging Zip Code** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DRIVER INFORMATION *(A copy of the schedule can be separately attached within the Attachment section of the Indio form)*** | | | | |
|  | **Driver #1** | **Driver #2** | **Driver #3** | **Driver #4** |
| **Name (First & Last)** |  |  |  |  |
| **Date of Birth** |  |  |  |  |
| **DL#** |  |  |  |  |
| **State of DL Issuance** |  |  |  |  |

**Does the applicant have Loss Payee(s) or Additional Insured(s) they need scheduled on the policy?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LOSS PAYEE(S) | ADDITIONAL INSURED(S)** | | | | | | |
| **Type** | **Vehicle #** | **Loss Payee / Additional Insured Name** | **Mailing Address** | **City** | **State** | **Zip Code** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## GENERAL INFORMATION:

* **Is Hired Car Physical Damage coverage desired?**
* **Is Drive Other Car coverage desired?**
* **Do the owners of the entity carry a personal auto policy?**
* *If no, Drive Other Car coverage will be quoted.*
* **Are ICC, PUC, or other filings required?**
* *If yes, please provide details*
* **Are any vehicles customized, altered, or have special equipment? (i.e. wraps, custom flatbed, permanently attached equipment)?**
* *If yes, please provide vehicle, description of equipment and stated value.*
* **Does the applicant’s operations involve the transporting of hazardous material?**
* *If yes, please provide details*

## EXECUTIVE PROFESSIONAL:

|  |  |  |
| --- | --- | --- |
| ***Please indicate if additional quote indications are desired for executive, professional, and cyber liability lines of coverage. Additional supplemental applications will be needed to request a quote.*** | | |
| **COVERAGE TYPE** | **IS COVERAGE DESIRED?** | **DESIRED LIMIT** |
| **Errors & Omissions Coverage** |  |  |
| **Directors & Officers Liability** |  |  |
| **Employment Practices Liability** |  |  |
| **Crime Coverage** |  |  |
| **Fiduciary Liability** |  |  |
| **Cyber Liability** |  |  |