# GENERAL INFORMATION:

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

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

## BASIC BUSINESS INFORMATION:

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| **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** |  |

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| **DESCRIPTION OF OPERATIONS**  |
| ***(Describe the Insured’s operations in detail.)*** |
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| **LOCATION SCHEDULE**  |
| **Location #** | **Address** | **City** | **State** | **Zip Code** |
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| **OTHER NAMED INSUREDS** |
| **Other Named Insured**  | **Entity Type** | **If LLC, number of members/managers** | **FEIN** |
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## 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.*

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

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| **LOCATION UNDERWRITING INFORMATION** |
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| **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?**

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| **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** |
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## INLAND MARINE:

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

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

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| **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:

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| **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?**

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| **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** |
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## 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.*

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| **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** |  |  |  |  |

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| **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?**

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

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| ***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** |  |  |