

Brokerage **Huckaby Insurance Services**

Lic. # 04401234

**Business Office
Policy (BOP)**

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San Jose Ca. 95128
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Quote Application

©

INSTRUCTIONS

If a question is not applicable mark it NA or put a line through it, but do not leave it blank. If there is insufficient space for any answer please use a separate sheet of paper. If you have any questions please call us toll free using the phone number above. **Information provided in this application will be HELD IN CONFIDENCE and shared only with Insurance providers from which we seek quotes.**

APPLICANT INFORMATION

List named Insured/s and DBA - Individual ___ Corporation ___ Partnership ___ Joint Venture ___ Other ___

Contact Person _____ Title _____

Mailing Address _____ State ___ Zip Code _____

Business Address _____ State ___ Zip Code _____

Email Add _____ Website Address _____

Ph# _____ Cell # _____ Fax # _____

Business License number if any _____ Years in Business. _____ Years of Experience _____

Prior Insurance

Name of current Insurance Carrier _____ Expiring premium- \$ _____

Policy Limits- \$ _____ Deductible amount- \$ _____

COVERAGE LIMITS (Indicate limits wanted)

General Liability (G/L)

Higher Limits Options

	Per Occurrence /	Aggregate /	Completed Operations
_____	\$300,000 /	\$300,000 /	\$300,000
_____	\$500,000 /	\$500,000 /	\$500,000
_____	\$1,000,000 /	\$1,000,000 /	\$1,000,000
_____	\$1,000,000 /	\$2,000,000 /	\$1,000,000
_____	\$2,000,000 /	\$4,000,000 /	\$4,000,000

Enter Excess G/L limit desired \$ _____

Enter Umberlla Limit desired \$ _____

Excess G/L increases coverage limits of General Liability limits only
Umberlla coverage increases all liability limits GL/ Vehicle/ property etc

GL Deductible

___ None ___ \$250 ___ \$500 ___ \$1,000 ___ \$2,500

Other \$

Payroll, Subcontract Costs - Receipts

Number of officers / partners _____ Total annual payroll / compensation \$ _____

Number of full time employee's _____ Total annual payroll \$ _____

Number of part time employee's _____ Total annual payroll \$ _____

Subcontractors used? Yes ___ No ___ If yes, Annual compensation \$ _____

Gross Business Receipts -- Location #1 \$ _____ Location # 2 \$ _____

Business Operations

Please describe business operations - _____

1) Any operations sold, acquired or discontinued in last 5 years?

Yes ___ No ___

2) Have you been active in, or are you currently active in joint ventures?

Yes ___ No ___

3) Do you draw plans, Design, or specifications for other?

Yes ___ No ___

4) Do your sub-contractors carry coverage or limits less than yours?

Yes ___ No ___

5) Are sub-contractors allowed to work without providing you with a certificate of insurance?

Yes ___ No ___

6) Do you offer written guarantees, warranties, hold harmless agreements? *(If yes, attach to this application when submitted)*

Yes ___ No ___

7) Do you use any literature, brochures, labels, warning labels, etc.?

Yes ___ No ___

8) Do you install, service or demonstrate products? *(other than part of construction projects)*

Yes ___ No ___

Business Operations – Continued

- 9) Are foreign products sold, distributed, used as components? *(other than part of construction projects)*
Yes ___ No ___
- 10) Any products related to Aircraft, Space, industry?
Yes ___ No ___
- 11) Use products recalled, discontinued, changed?
Yes ___ No ___
- 12) Product of others sold or repackaged under your label? *(This does not include building materials)*
Yes ___ No ___
- 13) Do you require vender coverage?
Yes ___ No ___
- 14) Machinery or equipment loaded or rented to others?
Yes ___ No ___
- 15) Is there a labor interchange with any other business or subsidiaries?
yes ___ No ___

REMARKS

Building Information

Total Building footage _____ Footage occupied by your business _____
Rented ___ Purchased ___ *If Purchased* - Price \$ _____ Value \$ _____ Replace Value \$ _____
Year Built _____ Type Construction _____ # Stories _____
Within City limits? (Y) (N) Fire District _____ Distance to fire hydrant _____ Fire Station _____
% Sprink _____ Alarmed (Y) (N) If yes, Fire ___ Theft ___ Local ___ Central ___
If central alarm who provides monitoring service _____

Year building last updated / remodeled

Wiring _____ Plumbing _____ Heating _____ Roof _____ Remodeled _____

Type Roof Composition _____ Shingle _____ Tar & Gravel _____ Other _____ explain _____
Flat _____ Pitched/ Sloped _____

Facing building indicate surrounding business neighbors in building and / or adjacent buildings or space exposures

Left exposure and distance _____ Ft _____

Right exposure and distance _____ Ft _____

Front exposure and distance _____ Ft _____

Rear exposure and distance _____ Ft _____

Indicate Equipment / Inventory coverage needed this location.

Equipment: Value \$ _____

Inventory: Value \$ _____

Additional interests

Additional Insured's _____ Lessor's _____ -names and addresses _____

Mortgagees _____ Landlord _____ - name and address _____

Losses I(types and amounts) Last 3 Years _____

Signature **X** _____ Date _____

Send completed forms to Email Address info@huckabyins.com

Fax toll free: 408-266-4555 local Fax toll free to: 888-266-0067