

Brokerage **Huckaby Insurance Services**

Lic. # 04401234

Business Owner Policy

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Quote Application

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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 Umbrella Limit desired \$ _____

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

GL Deductible

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

Other \$ _____

Gross Receipts / Payroll, Subcontract Costs

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 \$ _____

OPERATIONS

Please describe your 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 ___

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 ___

Retail Operations

Please describe type goods sold _____

What our your store's hours? _____ What are your store's days of operation? _____

How much cash is left in store over night? \$ _____ Do you use a cash drop safe? Yes ___ No ___

How often are bank deposits made? _____ Are bank deposits made by (employee) / (owner) (other) _____

- 1) Do you sell any used goods?
Yes ___ No ___
- 2) Do you sell any goods on consignment? *(If yes explain in remarks)*
Yes ___ No ___
- 3) Do you import any foreign made goods?
Yes ___ No ___
- 4) If question #3 is yes. Does the foreign manufacture maintain its own business present in the US?
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 last updated

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 _____ (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