Exposure Request

Applicant Information

Applicant Legal Name/DBA: _____ FEIN: _____

Year Established: _____ Years of Experience: _____

Description of Operations:

_____

Effective Date of Policy: _____ Mailing Address: _____

City, State, Zip: _____ Physical Location (If Different): _____

Primary Contact: _____ Phone: _____ Email: _____

Website Address: _____ Current Insurance Carrier: _____

General Liability

Current Carrier: _____

Requested Liability Limits: ☐ 1M/2M Other: _____ Estimated Annual Sales/Revenue: _____ Estimated Annual Payroll: _____

Professional Liability Coverage: ☐ Yes ☐ No Do you hire Subcontractors? ☐ Yes ☐ No *If yes, please provide sub costs:* _____

# of Full Time Employees: _____ # of Part Time Employees: _____

Property

Current Carrier: _____

Building Value (If Owned or Required to Insure): _____ Year Built: _____ Number of Stories: _____

Business Personal Property Limit: _____ Square Footage of Building Occupied: _____ Fire Sprinkler System: ☐ Yes ☐ No

List Any Updates and Year Completed:

roof: electrical: plumbing: _____

Construction Type: ☐ Frame Joint Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible ☐ Modified ☐ Fire Resistant

Roof Type: ☐ Asphalt Shingle ☐ Tile ☐ Wood ☐ Slate ☐ Metal **Flat/ Bitumen**

Workers Compensation

Current Carrier: _____

Estimated Payroll by State and/or Classification:

State	Class Code	Class Description	# of Employees	Annual Payroll

Directors/Officers/Partners:

Name	Title	Payroll	% Owner	Included
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Exposure Request

Business Auto Vehicles (If Applicable) **Current Carrier:** _____

Year	Make	Model	VIN	Value	Comp/Collision	Deductible
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	

Driver List (If Applicable)

Name	License #	State	DOB	Years of Experience	Date of Hire

Additional Information Required

- Employee Handbook (if available)
- Safety Manual (if available)
- 5 years Currently Valued Loss Runs
- Current/Expiring Policies

Name: _____ Title: _____

Signature: _____ Date: _____