|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | |
| Named Insured (legal & DBA) | | | | Entity Type  Choose One | FEIN or SS# |
| Contact Name  first/last name | | Phone Number | Email | | Date of Birth |
| Address City State zip | | | | | |
| Effective Date Click here | Need By Date Click here | | | | |
| Currently Insured: Yes  No  Prior Claims: Yes  No  (loss history required if currently insured) | | | | | |
| Reason for quoting | | | | | |
| **General Liability** | | | | | |



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description of Operations: | | | | | | | | | | | | | | | | | | | | | | | | | | % Work from Roofing | | | | |
| Number of Years of Experience | | | | | | | | | | | | | | | | | Date Business Started: | | | | | | | | | | | | | |
| Total Sales $ | | | | | | | | Total Payroll $ | | | | | | | | | | | | Liability Limit: Chose One | | | | | | | | | | |
| Subcontractors Hired? Yes  No | | | | | | | | | | | % Work Subbed Out % | | | | | | | | | | Total Cost of Subs(materials+labor) $ | | | | | | | | | |
| Additional Insureds Requuired: Yes  No  Waivers Required: Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Commercial Property** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of business Street City State Zip code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Building Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year Built | | | | | | | | | | | | | | | Square Footage Total | | | | | | | | | | | | # of Stories | | | |
| Construction Type Frame, masonry, etc | | | | | | | | | | | | | | | Basement? Yes  No | | | | | | | | | | | | % Completed | | | |
| Building Limit $ | | | | Mortgagee:  Name  Address | | | | | | | | | | | Contents Limit $ | | | | | | | | | | | | Loss Payee:  Name  Address | | | |
| Deductible: $ | | | | Deductible: $ | | | | | | | | | | | |
| **Years of Updates** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HVAC | | | Electrical | | | | | | | | | | | | | | Roof | | | | | | | | | Plumbing | | | | |
| Any Burglar or fire alarms? Yes  No Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tools & Equipment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled Equipment (complete below or attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | | Make | | | | | | | | | | Model | | | | | | Serial# | | | | | | | | | | Value | | |
|  | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | |
|  | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | |
|  | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | |
| Unscheduled Equipment Limit (all items valued under $2,000): Deductible: Choose One | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Builders Risk/Property Under Construction Limit: $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Workers Compensation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Full Time Employees | | | | | | | | | | | | | | | | | Number of Part Time Employees | | | | | | | | | | | | | |
| Job Duties | | | | | | | | | | | | | | | | | Estimated Salary | | | | | | | | | | | | | |
| Description | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Description | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Description | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| **Owners or Officers** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | % of Ownership | | | | | | | | | Job Duties | | | | | | | | | Estimated Salary | | | | | | Included/Excluded | |
|  | | | | |  | | | | | | | | | Description | | | | | | | | | Salary | | | | | | Choose one | |
|  | | | | |  | | | | | | | | | Description | | | | | | | | | Salary | | | | | | Choose one | |
|  | | | | |  | | | | | | | | | Description | | | | | | | | | Salary | | | | | | Choose one | |
| **Commercial Auto** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vehicles** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Make | Model | | | | | | | VIN | | | | | | | | | | Comprehensive  Choose One | | | | | | Collision  Choose One | | | | | Cost New |
| Loss Payee | Name Address City State Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Make | Model | | | | | | | VIN | | | | | | | | | | Comprehensive  Choose One | | | | | | Collision  Choose One | | | | | Cost New |
| Loss Payee | Name Address City State Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Make | Model | | | | | | | VIN | | | | | | | | | | Comprehensive  Choose One | | | | | | Collision  Choose One | | | | | Cost New |
| Loss Payee | Name Address City State Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Driver Info** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | Date of Birth | | | | | | License State | | | | | | License # | | | | | | | | Known Driving Violations | | | | | | |
| 1. | | | |  | | | | | |  | | | | | |  | | | | | | | | Speed, accident, etc | | | | | | |
| 2. | | | |  | | | | | |  | | | | | |  | | | | | | | | Speed, accident, etc | | | | | | |
| 3. | | | |  | | | | | |  | | | | | |  | | | | | | | | Speed, accident, etc | | | | | | |
| Filings Required? Yes No | | | | | | Est Radius Driven Choose one | | | | | | | | | | | | | | | | Existing Personal Auto Policy? Yes No | | | | | | | | |
| **Cyber Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Desired Limit of Coverage:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Number of Client Records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you had or have knowledge of potential Professional Liability, Errors & Omissions, Medial Liability or  Cyber Incidents in the last 3 years? Yes  No  \*If Yes, Please provide additional details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you accept Credit or Debit Card payment? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you PCI (Payment Card Industry) compliant? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any of the following IT Controls in place? (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Antivirus and Firewalls | | | | | | | Encryption of Sensitive Data | | | | | | | | | | | | | | | | Encryption of Mobile Devices | | | | | | | |
| Software Patching Procedure | | | | | | | Data Backup & Recovery Procedure | | | | | | | | | | | | | | | | Formal Cyber Incident Response Plan | | | | | | | |
| **Other Coverage**  *Enter Desired Limit; Supplemental Application May Be Required* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Umbrella Choose an item. | | | | | | | | | | | | | Professional Liability Limit if needed. | | | | | | | | | | | | | | | | | |
| Directors & Officers Limit if needed. | | | | | | | | | | | | | Employment Practices Liability Limit if Needed | | | | | | | | | | | | | | | | | |

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| **Notes** |
| Enter additional quoting information here. |

*Please complete all applicable sections and send the form to* [*select@tricorinsurance.com*](mailto:select@tricorinsurance.com)

*Additional Information or supplemental applications may be required for quoting and policy issuance purposes.*