

Affinity Insurance Services

Business & Workers Compensation Insurance Quote Request

Email or Fax Completed Form to acs@aon.com or 800-567-4028

Your Name: _____ Date: ____/____/____
Company Name: _____
Address: _____ City: _____
County: _____ State: _____ ZIP: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____

Date new coverage
needs to be effective
____/____/____

Do you want a quote for:

☐ Business Insurance

☐ Workers Compensation

☐ Umbrella

Describe Your Business:

Legal Entity: ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual

Please provide a complete description of your business:

Years in Business: _____ years Industry Experience: _____ years FEIN# _____

Annual Sales: \$ _____ Annual Payroll: \$ _____

Number of Employees: Full Time _____ Part Time _____ Leased _____

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? ☐ Yes ☐ No

If Yes, please tell us about them:

Workers Compensation:

Are officers to be included for Workers Compensation coverage? ☐ Yes ☐ No

Please list the names of the owners/officers and their titles on a separate sheet.

Current Insurance and Claims History:

Current insurance company: _____ Current Premium \$ _____

Have you had any policy or coverage declined, cancelled or non-renewed during the prior three years? ☐ Yes ☐ No

Have you had any claims submitted to your insurance carrier in the last four years? ☐ Yes ☐ No

If Yes, please describe any losses in the last three years. Including date of loss, \$ amount and details on separate page.

Property and Coverage Information:

Please tell us about each of your locations.

(Use as many pages as necessary.)

Location Number: _____ of _____

Location Address: Same as the company address... ☐ Yes ☐ No

If No, please enter the building address.

Street: _____

City: _____

County: _____ State: _____ ZIP: _____

Sq. ft. occupied by you: _____ sq. ft.

What year was the building built? _____

If older than 20 years, please enter the year any updates were made to the building:

Rewired _____ Reroofed _____

Replumbed _____ Heater replaced _____

Is your building 100% Sprinklered? ☐ Yes ☐ No

For this building, are you ☐ The Owner? ☐ A Tenant?

How many stories? _____

Approx. total building sq. ft: _____

Are there other businesses in same building? ☐ Yes ☐ No

If Yes, please provide a complete description of the other businesses.

Please check the type of building construction
(check only one):

☐ Frame ☐ Joisted Masonry ☐ Non-Combustible

☐ Masonry Non-Combustible ☐ Fire Resistive

What type of burglar alarm does the building have?

☐ None ☐ Local Alarm ☐ Central Station

☐ Inside Enclosed Mall ☐ Security Patrol

Coverage Requested:

Building Limit(if owner): \$ _____

Contents Limit: \$ _____

Tennants improvements and betterment: \$ _____

Deductible: Please choose one:

☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other: _____

General Liability Limit:

Please choose one:

☐ \$1M ☐ \$2M ☐ Greater than \$2M

Signature _____