

CHAMBERS & COMPANY

INSURANCE BROKERS

General Information:

Legal Name: _____
DBA: _____
Contact Person: _____
Phone #: _____ Fax #: _____
Email: _____ Website: _____
Mailing Address: _____
Physical Address: _____
SIC Code: _____ FEIN or SSN #: _____
Effective Date: _____ Years in Business: _____ Years' Experience: _____
of Employees: _____ Total Payroll: _____ Sales/Receipts: _____
Nature of Business / Description of Operations: _____

Property/General Liability:

Building Construction Type: _____
Year Built: _____ Stories: _____ Sq Ft. : _____ Occupied: _____
Alarm Type: _____ Sprinklered: _____
Updates: Wiring _____ Roofing _____ Electrical _____ Plumbing _____
Limits Requested:
Building Limit: _____ Contents: _____
Business Income: _____ Equipment: _____
Product in Transit: _____ Deductible: _____
Hired/ Non-Owned: _____ Cyber/Data: _____
Employee Benefits: _____ E&O / Prof. _____

Workers Compensation:

Total # of Employees: _____ Total Payroll: _____
Part Time _____ # Full Time _____ PT Payroll _____ FT Payroll _____
Prior year Employees: _____ Prior year Payroll: _____
Volunteer or Seasonal employees? _____
Any Claims in the last 5 Years? If yes, how many? _____

Estimated Payroll:

Class Code	Description	# of Employees	Estimated Payroll

Additional Information:

**Please order 4 years of currently valued loss runs from your current Insurance Carrier.*