

# Law Office Insurance Program

Please Print or Type Information

1-800-632-4591  
(616) 454-8257  
Fax: (616) 454-6549



## General Information

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

DBA \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Insured is:  Building Owner  Building Tenant Years in Business: \_\_\_\_\_ Effective Date of Policy: \_\_\_\_\_

Individual  Partnership  Corporation

Does Insured Operate or Own Property Other Than That Described?  Yes  No

If Yes, Describe: \_\_\_\_\_

\_\_\_\_\_

Prior Insurance Carrier \_\_\_\_\_ Other Hartford Insurance \_\_\_\_\_

Describe Any Losses During the Last Three Years at Each Location, Including Dates, Type of Loss and Amount Paid  
(Attach Description)

Additional Interests:  Lessor  Leased Equipment  Mortgage  Loss Payee  Vendor  Landlord

Name of Additional Interests: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Property and Liability Insurance

Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Limits of Insurance: \$ \_\_\_\_\_ Building Amount \$ \_\_\_\_\_ Business Personal Property

Personal Property of Others: \$ \_\_\_\_\_ Year Building Built: \_\_\_\_\_ Sprinkled?  Yes  No

Building Construction: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Square Feet you Occupy: \_\_\_\_\_

Property Deductible:  \$250  \$500  \$1,000

Liability Limit:  \$1,000,000  \$2,000,000  Employee Benefits Liability

If Building is Over 30 years Old, Give Date and Extent of Renovations for:

Wiring: \_\_\_\_\_  
Date Renovation

Plumbing: \_\_\_\_\_  
Date Renovation

Heating: \_\_\_\_\_  
Date Renovation

Roof: \_\_\_\_\_  
Date Renovation



**Physical Protection Questions**

Exterior Lighting:  Front  Back Wire Mesh or Bars:  Doors  Windows

Do Exterior Doors Have Double Cylinder Dead-Bolt Locks?  Yes  No

Is There a Safe on the Premises?  Yes  No Type of Safe? \_\_\_\_\_

Is There an Alarm System?  U.L. Central Station  Police Department Connection  U.L. Local

Maximum Amount of Money Kept on Premises: \$\_\_\_\_\_ Overnight: \$\_\_\_\_\_ How Frequently Deposits Made: \_\_\_\_\_

**Commercial Automobile**

Driver Name	Date of Birth	Drivers License Number	State
_____	_____	_____	_____
_____	_____	_____	_____

Year, Make, Model	VIN	Cost New	Garage Location	GVW (Trucks)	Alarm	Lease
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Liability**

Limit:  \$100,000  \$300,000  \$500,000  \$1,000,000

Hired (Rental) Autos and Non-Owned Auto Liability  Yes  No  
(Driver information may be required)

Personal Injury Protection (PIP) (No Fault)  Yes  No

Additional PIP (Increase No Fault Limits)  Yes  No

Uninsured/Underinsured Motorist:  Yes  No Limit:  \$100,000  \$300,000  
 \$500,000  \$1,000,000

**Physical Damage**

Comprehensive (Other than Collision):  Yes  No Limit:  \$100  \$250  \$500

Collision:  Yes  No Deductible:  \$100  \$250  \$500

Hired (Rental) Car Physical Damage:  Yes  No

Employees Use Own Cars for Company Business?:  Yes  No

Family Members Permitted to Use Company Vehicles?:  Yes  No

Motor Vehicle Records Obtained on Employees?:  Yes  No

All Company Vehicles Titled in Company Name?:  Yes  No

Vehicle Maintenance Program in Place?:  Yes  No

Defensive Driver Training Conducted?:  Yes  No



**Worker's Compensation**

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Operating States? \_\_\_\_\_

Employer Liability Limits:

- \$100,000 Each Accident, \$500,000 Disease – Policy Limit, \$100,000 Disease – Each Employee
- \$500,000 Each Accident, \$500,000 Disease – Policy Limit, \$100,000 Disease – Each Employee
- \$1,000,000 Each Accident, \$1,000,000 Disease – Policy Limit, \$1,000,000 Disease – Each Employee

Experience Mod (Current Mod Sheet): \_\_\_\_\_ FEIN: \_\_\_\_\_ ERN (If applicable): \_\_\_\_\_

**\*Payroll:**

Class	State	#Employees	Annual Payroll
Clerical			
Attorney			

**Executive Officers and Partners Coverage**

Name	Title/Duties	Payroll	Include for Coverage	P/R Included Above?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Umbrella Liability**

- Limit:  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000  
 \$6,000,000  \$7,000,000  \$8,000,000  \$9,000,000  \$10,000,000

**Underlying Policies and Coverage**

Policy Type	Insurance Company	Policy Number	Insurance Limits	Premium
Auto Liability				
Workers Compensation				

**General Questions**

- Hired (Rental) Autos and Non-Owned Auto Liability  Yes  No
- Personal Injury Protection (PIP) (No Fault)  Yes  No
- Additional PIP (Increase No Fault Limits)  Yes  No
- Uninsured/Underinsured Motorist:  Yes  No

**Premium Payment Options**

- One Payment  Two Installments (30%, 40%)  Three Installments (40%, 30%, 30%)
- Four Installments (30%, 25%, 25%, 20%)  Five Installments (25% Down, Equal Installments)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act is a crime.

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_