

Professional Office Package

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			
Professional			

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 _____