



New Quote Questionnaire
WRTDE RISK MANAGEMENT AND SAFETY GROUP
Return Completed Questionnaire to: Barbara A. Svantner
One Risk Management and Insurance Services, LLC

General Information

Legal Entity Name:	
DBA:	
Store #	
Entity Type (LLC, Partnership, Corporation, Individual):	
FEIN #:	
Contact/Owner Name:	
Location Address:	
Phone #:	
Fax #:	
Email Address:	
Proposed Effective Date:	
# of Years in Business:	
If new venture , please provide number of years' industry experience & describe former duties:	
Are you engaged in any other type of business? If yes, please describe.	

Umbrella Coverage Option - Please indicate desired limit if you would like Umbrella coverage.

\$2,000,000 \$5,000,000 Other: \$ _____

Prior Carrier/Coverage Information

If prior coverage was provided for either workers' compensation insurance or business liability insurance, please provide that information below. If loss runs are available, please attach at least 3 years of loss runs for each line of insurance for which coverage is being requested.

Policy Year	Coverage	Insurance Company	Annual Premium	Policy #
20__	Workers' Compensation			
20__	Workers' Compensation			
20__	Workers' Compensation			
20__	Commercial Package			
20__	Commercial Package			
20__	Commercial Package			

WORKERS' COMPENSATION COVERAGE INFORMATION

Payroll

Class Code	Estimated Payroll	# of F/T Employees	# of P/T Employees
8388 – Rubber Tire Dealers			
8810 – Clerical			

Ownership– List full name, title and percentage of ownership for each individual and whether they will be included or excluded from workers' compensation coverage. Total percentage must equal 100%.

Name	Title	% of Ownership	Included/Excluded

If officers/owners are to be excluded from coverage, do not include their payroll in the estimated payrolls above.

	Yes/No
Any Employees Under 16 or over 60?	
Any Seasonal Employees?	
Are Employee Health Plans Provided? If yes,	
Who is eligible?	
% of employee participation?	
% of employer contribution?	
Name of Provider	
Any Physicals Required after offers of Employment are made?	
Is personal protective equipment provided and use enforced?	

BUSINESS COVERAGE INFORMATION

Property Information

Building Limit:	
Business Personal Property Limit:	
Construction of Building:	
Year Built *:	
Square Footage:	
Number of Stories:	
Sprinklers (yes/no):	
Burglar Alarm (yes/no and type):	
Interest (owner or tenant):	
If you are NOT the owner of the building, are you required to provide building insurance per your lease?	
Estimated Annual Sales:	
Total # of Employees:	

** If building is over 25 years old, please provide year that updates were made for:*

HVAC _____ PLUMBING _____ WIRING _____ ROOF _____

Owned Auto – Please list all owned autos to be covered under this policy.

Year	Make	Model	VIN	Registered Owner

Drivers - Please list all employees who will be driving company or client vehicles:

Please attach separate page if necessary

Last Name	First Name	Date of Birth	License Number	State Licensed

Completed by: _____ Date: _____