

HALL & COMPANY

Professional Liability Insurance Brokers

Business Owner Quote Request

Firm Name _____

Contact Person _____ Federal ID # _____

Mailing Address _____ Firm Type _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

E-mail _____ Website _____

Please complete a separate form for each Firm location.

Location # _____ OF _____

Physical Location Address _____ County _____

City _____ State _____ Zip Code _____

Type of Occupancy _____ Construction Type: _____

Year Built _____ If year built is more than 20 years, supply the year of the most recent updates.

Electrical _____ Plumbing _____ Roof _____ Heating _____

Does the building have a functioning sprinkler system? Yes No

Total square footage of the building your business is in. _____

What is the total square footage you occupy? _____

Number of Stories: _____ What floor are you located on? _____

Distance to the fire station: _____ Feet from the fire hydrant: _____

Are there smoke detectors? Yes No Dead bolt locks in use? Yes No

Theft Alarm Local Monitored

Fire Alarm Local Monitored

Do any of the following business types reside in the building? Please check all that apply.

Manufacturing Restaurant General Warehouse

Offices Retail Bar / Tavern

If insuring the building, limit requested. _____

Business Contents Amount \$ (excluding Computer equipment) _____

Computer Equipment: Hardware _____ Computer Equipment: Software _____

Business Liability Limit: _____ Employee Benefits Liability _____ Retro Date: _____

Non-Owned / Hired Auto Liability _____ Non-Owned / Hired Auto Physical Damage _____

Drivers information may be required to quote.

Deductible _____ If other, please list amount _____

Do you need an umbrella? Yes No Limit _____

Valuable Paper _____

Accounts Receivable _____

Employee Dishonesty _____

Who is your current Insurance Company? _____

Field Equipment _____

Please provide a complete list of equipment with values.

If more space is needed please attach additional information when you submit the application.

Equipment	Value

Any losses or claims in the last 5 years? Yes No

If yes, what are the dates, amount paid & description of each loss or claim?

If more space is needed please attach additional information when you submit the application.

Date	Amount Paid	Description

Would you be able to provide loss runs if requested? Yes No

Date you wish to have coverage effective. _____

Date firm was established: _____

If you have been in business less than 3 years, describe your experience and education:

If more space is needed please attach additional information when you submit the application.

Number of Owners: _____

Number of Employees _____

What are your annual gross receipts? _____

**** IF A FLOOD OR EARTHQUAKE QUOTE IS NEEDED, PLEASE CONTACT OUR OFFICE. ****

YOUR SIGNATURE AND AUTHORIZATION

Name _____ Date _____

Title _____

Applicant's Signature _____

To submit the application follow the instructions in the order listed below.

1. Save a copy of the completed application to your computer for your records.
2. Print, sign and mail or fax a hard copy of the completed application to Hall & Company at the address below. (A signed application is needed to complete underwriting.)
3. Submit completed application to Hall & Company.
Alternatively you can fax the application to (360) 697-3744 or mail to the address below.
When you press the Submit button an e-mail window will open with the application attached.
Please attach to this e-mail any additional information, if needed.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it to submittals@hallco.net.

**Michael J Hall & Company 19660 10th Ave. NE Poulsbo, WA 98370
Ph: (360) 598-3700 Fax: (360) 697-3744 Website: www.hallco.net**