

Business Lines Quote Worksheet

for CMP 4100 series policies only

Garage Keepers Liability:	Do you need comp & collision coverage for customer's vehicles in your care, custody & control? <input type="radio"/> Yes <input type="radio"/> No Physical Damage Limit: \$ _____								
Garage Liability:	Do you need coverage for liability arising out of the use of customer owned autos? <input type="radio"/> Yes <input type="radio"/> No								
Hired Auto:	Need liability cov for vehicles rented by the business? <input type="radio"/> Yes <input type="radio"/> No If yes, provide amount spent per year to rent. \$ _____								
Money & Securities:	Is it important to have coverage for theft of cash? <input type="radio"/> Yes <input type="radio"/> No What is the most you have on hand? On premises: \$ _____ Off premises: \$ _____								
Seasonal Increase:	Do you need a 40% increase of business personal property to provide for seasonal variations? <input type="radio"/> Yes <input type="radio"/> No (Not available for Rel Org, Apart, Condo)								
Property of Others:	Do you have property of others in your control? <input type="radio"/> Yes <input type="radio"/> No If yes, provide value. \$ _____								
Spoilage:	Do you need cov for loss of merchandise caused by temp change resulting from fluctuation or total interruption of electric power or mechanical breakdown of refrigeration/heating equipment? <input type="radio"/> Yes <input type="radio"/> No If so, provide value of these items. \$ _____								
Utility Interruption:	Is it important for you to have coverage that would pay for your loss of income if your business had to be closed due to failure of communications, water, natural gas, or electrical service caused by a specified cause of loss away from your business premises? <input type="radio"/> Yes <input type="radio"/> No If yes: <input type="radio"/> \$10,000 <input type="radio"/> \$20,000 <input type="radio"/> \$30,000								
Valuable Papers:	Do you need coverage to research and replace valuable papers? <input type="radio"/> Yes <input type="radio"/> No What is the cost? On premises: \$ _____ Off premises: \$ _____								
Worker's Compensation or Contractor Policies:									
Work Comp: be sure to include below all officer/owner payroll that will be covered by this policy									
Years Insured for Worker's Comp: _____ 3 Year Workers Comp Claim History: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4+									
Job Duties: _____						Payroll Amount: \$ _____			
Job Duties: _____						Payroll Amount: \$ _____			
Job Duties: _____						Payroll Amount: \$ _____			
Subcontracted Duties: _____						Total Cost: \$ _____			
Subcontracted Duties: _____						Total Cost: \$ _____			
Business Auto:									
Employees drive own cars for the business? <input type="radio"/> Yes <input type="radio"/> No		Do you rent/lease cars for business purposes? <input type="radio"/> Yes <input type="radio"/> No		Estimated Yearly Cost of Rentals? \$ _____					
Coverages Requested: PIP Limit: _____ Med Pay Limit: _____ BI/PD Limits: _____									
UM Limit: _____ Physical Damage Coverage: Comp/Collision Ded: _____ Value of Attached Equipment: \$ _____									
Any major violations by drivers within the last three years?									
If able to obtain the current dec page/vehicle listing, only necessary to provide Radius of Operation, Vehicle Use, and Loan Amount fields for each vehicle below. Additional vehicles may be added to the Vehicle Addendum if necessary.									
#	Year	Model	Body Type	VIN or Gross Vehicle Weight	Radius of Operation	Vehicle Use	Physical Damage Cov		MSRP
							Comp Ded	Coll Ded	
1									
2									
3									
4									
5									
6									
Commercial Liability Umbrella:				Do you need more liability coverage than what is provided under the business liability policy?					
Specialty Products:				Employment Practices Liability (EPLI)	Accountants Professional	Architects/Engineers Professional	Dentists Professional	Technology Services E&O	D&O
Business Continuation Planning:				Do you have plans in place for a business transition following your retirement?					
Retirement Program:				Are you satisfied with your overall life/health insurance and retirement program?					
Employee Benefit Plan:				Are you interested in seeing options for a benefit program to help you attract & retain quality employees?			FSA Name: _____		