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Request for Insurance Quotation

- Complete the Business Information section in full, plus any coverage sections you would like quoted. Type N/A if a field does not apply.
- Skip sections you do not need. Attach loss runs and any schedules noted. Return by email to service@archerinsgroup.com.
- To market your account effectively and avoid blocked/duplicate carrier submissions, we ask to serve as your exclusive broker.

BUSINESS INFORMATION

How soon do you need quotes? Due Date: **Desired Effective Date:**

Legal Business Name **DBA / Trade Name (if any)**

Mailing Address **City** **State** **ZIP**

Physical location same as mailing address? Yes | No **If no, address:**

Business Phone **Website** **Social Media Handles**

Business Owner Name **Cell Phone** **Email**

Additional Owner Name **Cell Phone** **Email**

Primary Contact Name **Cell Phone** **Email** **Title**

Entity Type: Corp | LLC | Sole Prop | Partnership | Non-Profit | Other:

FEIN or SSN **Year Business Started** **NAICS / SIC Code** look up **Owner Yrs in Industry**

Gross Sales – Last 12 Mo $ **Projected Sales – Next 12 Mo $** **Prior Year Annual Payroll $** **Est. Annual Payroll (current yr) $**

Total # Employees **Current Annual Premium – all lines requested $**

Referred By / How Did You Hear About Us? **Preferred Contact Method & Best Time**

Provide a Detailed Description of ALL Business Operations *(include subcontracted work & occupational hazards)*

Do you use subcontractors? Yes | No **% of Work Subbed Out:** **Annual Sub Cost $:**

Require certificates of insurance from all subs? ☐ Yes ☐ No **# of Additional Insureds:**

Additional Named Insureds

List below or attach a complete list (Excel or other format) of all additional insureds with addresses and description of work performed.

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COVERAGES REQUESTED

Check all that apply

- ☐ General Liability
- ☐ Commercial Property
- ☐ Business Auto
- ☐ Workers' Compensation
- ☐ Umbrella / Excess Liability
- ☐ Business Income / Extra Expense
- ☐ Cyber Liability / Data Breach
- ☐ Professional Liability (E&O)
- ☐ Directors & Officers (D&O)
- ☐ Employment Practices (EPLI)
- ☐ Inland Marine
- ☐ Equipment / Tools
- ☐ Crime / Employee Dishonesty
- ☐ Fiduciary Liability
- ☐ Employee Benefits Liability
- ☐ Flood
- ☐ Builders Risk
- ☐ OCIP / CCIP
- ☐ Liquor Liability
- ☐ Garage / Dealers
- ☐ Commercial Surety / Bonds
- ☐ Other:

EMPLOYEE BENEFITS & LIFE / WEALTH (OPTIONAL)

Check all that apply

- ☐ Group Health
- ☐ Group Dental / Vision
- ☐ Group Life
- ☐ Group Disability
- ☐ Group / Individual LTC
- ☐ Key-Person / Buy-Sell
- ☐ 401(k) / Retirement
- ☐ Executive Benefits
- ☐ Individual Life / Wealth
- ☐ Voluntary Benefits
- ☐ Other:

LOSS HISTORY

Attach 5-year currently-valued loss runs (request from your current agent/carrier — usually provided within 24 hours).

Have you had any losses / claims in the past 5 years? ☐ Yes ☐ No

List and explain any claims or losses (date, type, amount, status):

DOCUMENTS TO SUBMIT WITH THIS FORM

Starred items are critical

Check all items you are attaching. Starred items are required to market your account; let us know if you need help obtaining.

- ☐ Copy of current / latest insurance policies & dec pages (critical) ✶
- ☐ Loss runs / claims history – past 5 years (critical) ✶
- ☐ Experience modification (EMOD) worksheet (if applicable)
- ☐ Contract insurance requirements (if any)
- ☐ Property schedule – buildings, contents, equipment, machinery
- ☐ Vehicle schedule / list + driver list & MVRs
- ☐ Financials / payroll records (gross sales & payroll)
- ☐ List of additional insureds (with addresses & work performed)
- ☐ Lessor's Risk / Landlord: tenant list, each occupancy type & sq ft occupied
- ☐ Completed ACORDs & Supplemental Applications (prior or newly requested)

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PROPERTY SCHEDULE

Attach SOV/Location Schedule for more locations

Current Carrier: **Annual Premium $:** **Expiration Date:**

☐ Property Schedule / SOV attached — must include ALL details requested below for each property (if attached, you may skip below)

Location #: **Bldg #:** **Address:**

Property valuation requested: ☐ Replacement Cost (RC) ☐ Actual Cash Value (ACV)

Bldg Replacement Cost $ **Bldg Market Value $** **Contents / BPP $** **Business Income $ (12-mo)**

Replacement cost = cost to rebuild today; property is insured to rebuild cost, not market value (market value is for reference only).

Other property to insure (describe): **Value $:**

Year Built **# of Stories** **Square Feet** **Distance to Hydrant**

Construction Type Select... **Roof Material** Select... **Roof Shape** Select... **Nearest Fire Station**

Year Updated — Roof Wiring Plumbing HVAC **Sprinklered:** Yes No

Alarms: Fire | Burglar | Both **Monitored:** Centrally | Locally

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☐ Check if no additional locations

Location #: **Bldg #:** **Address:**

Property valuation requested: ☐ Replacement Cost (RC) ☐ Actual Cash Value (ACV)

Bldg Replacement Cost $ **Bldg Market Value $** **Contents / BPP $** **Business Income $ (12-mo)**

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Alarms: Fire | Burglar | Both **Monitored:** Centrally | Locally

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GENERAL LIABILITY

Current Carrier: **Annual Premium $:** **Expiration Date:**

Per-Occurrence Limit: ☐ $1,000,000 ☐ $2,000,000 **Other $**

Aggregate Limit: $1,000,000 | $2,000,000 $3,000,000 **Other $**

Estimated Annual Gross Sales and Payroll by Location: *(attach a list if more locations)*

Location 1 Sales $ **Payroll $**

Location 2 Sales $ **Payroll $**

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BUSINESS AUTO — COVERAGE

Current Carrier: **Annual Premium $:** **Expiration Date:**

Liability	$500,000	$1,000,000	$1,500,000	**Other $**	
Uninsured Motorist (UM)	$500,000	$1,000,000	$1,500,000	**Other $**	Reject
Underinsured Motorist (UIM)	$500,000	$1,000,000	$1,500,000	**Other $**	Reject
Medical Payments	$2,000	$5,000	$10,000	**Other $**	Reject
PIP (if available)	$2,000	$5,000	$10,000	**Other $**	Reject
Physical Damage Deductible	$500	$1,000	$2,500	**Other $**	
Hired Auto Liability	$500,000	$1,000,000	$1,500,000	**Other $**	
Non-Owned Auto Liability	$500,000	$1,000,000	$1,500,000	**Other $**	

Motor Truck Cargo (if requested) **Limit $:** **Deductible $:**

Garaging Address (if different from mailing address):

Cities/Areas of Operation: **Radius** *(furthest one-way miles):* Select...

Any vehicles owned but not listed below? Yes No **# Power Units:** **# Trailers:**

Federal / State Filings? USDOT MC SR22 None Other (type & #):

USDOT #: **MC #:**

Do you haul hazardous materials? Yes No **Interstate or Intrastate?**

Do you use vehicles for livery / transporting passengers (shuttle, rideshare)? Yes No

Are vehicles used for delivery or hauling goods for others? Yes No

Any equipment permanently attached to the vehicles? Yes No **Value of attached equipment $:**

Describe what/all materials, goods, or commodities you haul or transport (if any):

VEHICLE LIST

Complete if quoting auto, or attach your vehicle schedule

#	Year	Make	Model	VIN	Value $	Seats	Lienholder
1							
2							
3							
4							
5							

DRIVER LIST

Complete, or attach your driver list + MVRs

#	Driver Name	Date of Birth	License #	State	Yrs Exp.	Violations	CDL (Y/N)
1							
2							
3							
4							
5							

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WORKERS' COMPENSATION

Current Carrier: **Annual Premium $:** **Expiration Date:**

Employers Liability Limits: ☐ $100K / $500K / $100K ☐ $500K / $500K / $500K ☐ $1M / $1M / $1M

State(s) Where You Have Employees: **Current Exp. Mod (EMOD):**

Include your current experience-modification worksheet if in business 3+ years (NCCI states: call 800-622-4123 for a free copy).

Owners / Officers with 5%+ ownership *first row shown in grey is an example — type over it*

Name	Date of Birth	Ownership %	Include/Exclude	Payroll Est. $
Jane Archer	*01/15/1980*	*60%*	*Exclude*	*75,000*

Staff Payroll by Classification (all payroll estimates annual) *first row is an example — type over it*

Location #	What do these employees do?	# of EEs	Annual Payroll Est. $
1	*Office / clerical: estimating, dispatch, admin*	*3*	*150,000*

ADDITIONAL COMMENTS / EXPLANATIONS

☐ **Broker of Record / Exclusive Representation Acknowledgment**
I authorize J. Archer Insurance Group to market my account and act as my exclusive broker for this submission. I understand duplicate submissions by other agents can cause carriers to block our access and delay or jeopardize the best available pricing.

Applicant Signature: **Date:**

Print Name & Title:

Save the completed form and email it to service@archerinsgroup.com

Your Dedicated Commercial Team Leads

Syed “Sunny” Hyder — Sr. Underwriting & Commercial Specialist (account strategy & marketing)
Julia Reyes — Account Manager (service & renewal support)
Shane Dela Cruz — Support (certificates & processing)

Return completed form to service@archerinsgroup.com *281-501-8331 • Se habla español*