J. Archer Insurance Group

Property / BOP Quick Quote

5252 Westchester St., Ste 260, Houston, TX 77005 • 281-501-8331 info@archerinsgroup.com • www.archerinsgroup.com

Request for Insurance Quotation

- Complete the Business Information section in full. Type N/A if a field does not apply.
- Skip anything 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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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 **Roof Material** **Roof Shape** **Nearest Fire Station**

Select... Select... Select...

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

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

General Liability

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

Per-Occurrence Limit Select... **General Aggregate** Select...

Estimated Annual Gross Sales / Payroll: **Sales $** **Payroll $**

Loss History & Additional Comments

Any claims or losses in the past 5 years? (if yes, explain in the box below) ☐ Yes ☐ No

Required with this submission (all needed to quote):
Copy of current policy • any insurance requirements • list of additional insureds • list of lienholders • 5-year loss runs

☐ **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
Julia Reyes — Account Manager • Shane Dela Cruz — Support

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