

Request for Information

General Information		
Appointment Date:	Time:	
Company Name:		
Contact Name:	Contact Title:	Contact Phone Number:
Decision Maker:	Address:	
Years In Business:	Federal ID Number:	
Email Address:		
Phone Number:	Alternate Phone Number:	
Mailing Address:		
City:	State:	Zip Code:
Number of Employees:	Annual Revenue:	
Number of Locations:	Fax Number:	
Describe Business:		

<h2>Property Information</h2>				
Current Agent:		Current Carrier:		
Effective Date:	<input type="checkbox"/> Loss run letters to client	Current Coverage		
Location #				
Street Address:				
City:	State:	Zip Code:		
Sprinkler:	Alarm:	City Limits:		
Construction:		Fire District:		
Roof Type:		Year Built:		
# Stories:		Sq. Feet:		
Dist. Water:				
Building \$	Contents \$	Business \$	Deductible \$	Wind Deductible \$
Location #				
Street Address:				
City:	State:	Zip Code:		
Sprinkler:	Alarm:	City Limits:		
Construction:		Fire District:		
Roof Type:		Year Built:		

# Stories:		Sq. Feet:		
Dist. Water:				
Building \$	Contents \$	Business \$	Deductible \$	Wind Deductible \$
Location #				
Street Address:				
City:		State:		Zip Code:
Sprinkler:		Alarm:		City Limits:
Construction:			Fire District:	
Roof Type:			Year Built:	
# Stories:			Sq. Feet:	
Dist. Water:				
Building \$	Contents \$	Business \$	Deductible \$	Wind Deductible \$
Property Notes:				

Liability Information

Current Agent:		Current Carrier:		
Effective Date:		<input type="checkbox"/> Loss run letters to client		Current coverage:
Limits of Ins.:		Business Type:		Other Li
Deductible:		SIC Code:		Other Li

Classification	Code	Basis	Value	Current

Notes:

<h2>Auto Fleet</h2>		
Effective Date:	<input type="checkbox"/> Loss run letters to client	Current Coverage:
Limit of Ins. CSL:	Physical Damage:	UM:
Med Pay:	Deductible Coll.:	Hired Auto:
Broad Form DOC:	Hired Physical:	DOC Name:
Non Owned:	<input type="checkbox"/> Schedule of Autos Attached	<input type="checkbox"/> Schedule of Drivers Attached
<h2>Umbrella</h2>		
Effective Date:	Current Agent:	Current Carrier:
Limits of Ins.:	Discuss Underlying Limits:	
Number of Autos:	Retained Limit:	
Describe Exposure:		

Officer	Title	Ownership %	Duties	Inc/Exc

Additional Coverages & Services Requesting			
<input type="checkbox"/> Contractors Eq.	<input type="checkbox"/> Crime	<input type="checkbox"/> Bonding	<input type="checkbox"/> Tier Services
<input type="checkbox"/> Installation Flt.	<input type="checkbox"/> Employee Benefits	<input type="checkbox"/> Aircraft	<input type="checkbox"/> WC Only
<input type="checkbox"/> B & M	<input type="checkbox"/> Garage	<input type="checkbox"/> Watercraft	<input type="checkbox"/> Payroll
<input type="checkbox"/> EPLI	<input type="checkbox"/> Builders Risk	<input type="checkbox"/>	<input type="checkbox"/> Human Resources
Additional Coverage Notes:			

Additional Property Locations				
Effective Date:	<input type="checkbox"/> Loss run letters to client		Current Coverage	
Location #				
Street Address:				
City:	State:	Zip Code:		
Sprinkler:	Alarm:	City Limits:		
Construction:		Fire District:		
Roof Type:		Year Built:		
# Stories:		Sq. Feet:		
Dist. Water:				
Building \$	Contents \$	Business \$	Deductible \$	Wind Deductible \$
Location #				
Street Address:				
City:	State:	Zip Code:		
Sprinkler:	Alarm:	City Limits:		
Construction:		Fire District:		
Roof Type:		Year Built:		
# Stories:		Sq. Feet:		

Dist. Water:				
Building \$	Contents \$	Business \$	Deductible \$	Wind Deductible \$
Location #				
Street Address:				
City:		State:		Zip Code:
Sprinkler:		Alarm:		City Limits:
Construction:			Fire District:	
Roof Type:			Year Built:	
# Stories:			Sq. Feet:	
Dist. Water:				
Building \$	Contents \$	Business \$	Deductible \$	Wind Deductible \$
Notes:				



Insured Co Name Here

Insured Address Here

Phone # Here

Experience Rating Division – Florida

National Council on Compensation Insurance

Date:

NCCI RISK ID#:

Federal ID#:

To Whom It May Concern:

This letter will authorize you to release copies of my current and prior years experience rating worksheets for my account to the following agency upon request.

Fortune Business Solutions

Thank you for your cooperation.

Sincerely,

Title Here



Type Your Company Name Here

Type You Co. Address Here

Type Your Contact Number Here

Date Here

Type Insurance Company Here

Type Your Company Here

Policy #: Type Policy # Here

To Whom It May Concern:

This letter authorizes you to release copies of our most currently valued loss experience records for the above policy, and any additional policies, to the following:

Fortune Business Solutions

Name Here

Email Here

Thank you for your time and assistance in this matter. These should be sent no later than DATE HERE as per above information. Should you have any questions, please feel free to give me a call at XXX-XXX-XXXX.

Sincerely,

Type Office Name Here