

BUSINESS OWNERS/WORKERS COMPENSATION/AUTOMOBILE/UMBRELLA QUOTE REQUEST

POLICY INFORMATION

We need a copy of each of your policy declarations and any policy page with property values, auto or payroll information.

GENERAL INFORMATION

Effective Date for Coverage: _____

Legal Name: _____

DBA Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____

Entity: Individual Partnership Corporation Other _____

Years in Business: _____ Federal Employee I.D. Number: _____

BUSINESS OWNERS POLICY INFORMATION

Premises Information - (Please provide premises information for each location)

Location # _____ Building # _____

Location address (if different than mailing address)

Are you the: Owner Tenant?

What is the premise used for? (detailed description of all operations)

Building value: \$ _____ (Replacement cost)

Inventory value (At Cost): \$ _____ Average monthly

Requested Deductible: \$500 \$1,000 \$2,500 \$5,000

Construction Type:

- Joisted Masonry Fire Resistive
 Non-Combustible Masonry Non-Combustible Frame (Wood)

Building Occupancy: _____ % No. of Stories: _____

Year Built: _____ Total Square Footage (excluding basements): _____

Provide year of building improvements (if building is over 15 years old)

Electrical: _____ Plumbing: _____ Heating: _____ Roofing: _____

Protection

Burglar Alarm: Central Station Local None

Fire Alarm: Central Station Local None

Distance to Hydrant: _____ ft.

Fire Protection: Sprinklered Yes No

Liability

Annual gross sales for all locations: \$ _____

Do you derive more than 25% of your sales/receipts from service or repair? Yes No

If Yes, describe _____

WORKERS' COMPENSATION

Please "X" if **not** to be quoted

(If additional space needed, please list on a separate page)

Federal Employee I.D. Number: _____

Employee Classification & Code	# of Full-Time Employees	# of Part-Time Employees	Estimated Annual Payroll
Furniture Retail/ Inside sales 8044			
Wholesale/Warehouse 8018			
Clerical 8810			
Outside sales 8742			
Other			

Individuals Included/Excluded (Partners, Officers, Relatives to be included or excluded)
(If additional space needed, please list on a separate page)

Title/Relationship	Name	Include/Exclude
		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
		<input type="checkbox"/> Include <input type="checkbox"/> Exclude

AUTO COVERAGE

Please "X" if **not** to be quoted

Provide list of company vehicles (titles in business name) including:

Year, Make, Model, Cost New, Vehicle Identification Number, and Garage Location including zip code. Please indicate if used for delivery, service or other.

Driver information - names, dates of birth, DL# (including state of issuance) of anyone driving company vehicles. Policy issuance will also require favorable motor vehicle records (MVR's).

EXCESS LIABILITY/UMBRELLA COVERAGE

Please "X" if **not** to be quoted

\$1,000,000 \$2,000,000 Other _____

LOSS HISTORY

How many losses have you had in the last 3 years? _____

Please attach a separate page describing any losses with date, description and amount.

WHEN COMPLETE, FAX TO:

Jim Saris
Home Furnishings
Independents Association
 Web Site: www.hfia.com
 E-mail: aIService@sbcglobal.net
 Phone: 815-479-0216
 Fax: 815-479-0330

OR

Jana Sutherland
Home Furnishings
Independents Association
 Web Site: www.hfia.com
 E-mail: jana@hfia.com
 Phone: 800-942-4663
 Fax: 214-742-9103

OPTIONAL CRIME AND EMPLOYMENT RELATED RISK APPLICATION

Do you have an employee benefits program? Yes No

Do you offer a 401k or pension plan? Yes No

If yes, please provide total plan assets \$ _____

Employee dishonesty limit: \$10,000 \$50,000 \$100,000 Other \$ _____

Forgery limit: \$10,000 \$50,000 \$100,000 Other \$ _____

Money & securities limit: \$10,000 inside/\$5,000 outside Other \$ _____

Do you have written guidelines or procedures for addressing human resource or personnel management issues such as:

Discrimination Yes No

Discipline Yes No

Employment grievances or complaints Yes No

Sexual harassment Yes No

Employee termination Yes No

Orientation of all new employees Yes No

Do you distribute written guidelines or procedures to all employees? Yes No

(Note: must be **Yes** to quote employment practices liability coverage)

During the last three years, have you been involved in any administrative proceedings before:

The Equal Employment Opportunity Commission Yes No

The U.S. Department of Labor including the Office of Federal Compliance Programs Contract (OFCPC) Yes No

Any state or local government agency whose purpose is to address employment-related claims Yes No

During the last three years, have you been the subject of or involved in any claim, written demand, notice, administrative proceeding or litigation alleging employment or labor-related matters? Yes No

WHEN COMPLETE, FAX TO:

Jim Saris
Home Furnishings
Independents Association
 Web Site: www.hfia.com
 E-mail: aiservice@sbcglobal.net
 Phone: 815-479-0216
 Fax: 815-479-0330

OR

Jana Sutherland
Home Furnishings
Independents Association
 Web Site: www.hfia.com
 E-mail: jana@hfia.com
 Phone: 800-942-4663
 Fax: 214-742-9103