

QUOTE FOR WHOLESALE



Prospect Name: _____ Renewal Date: _____

BUSINESS INFORMATION

Business Name: _____

First Insured Last Name: _____ First Insured First Name: _____

Owners Last Name: _____ Owners First Name: _____

Contact Name: _____ Contact Phone: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Owners Home Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

Web Address: _____ FEIN: _____ SIC Code: _____

Owners Drivers License Number: _____ Owners D.O.B.: _____

Business Entity:

Individual* Partnership Corporation LLC

Joint Venture Association Other

*Are there Personal Lines Policies insured with Farmers®? Yes No

*Household #: _____

Are there other Commercial policies insured with Farmers? Yes No

In what year did the business start operations? _____

Is this an established business with previous insurance? Yes No

Are there any locations or business interests which are owned by the applicant but not shown on the application? Yes No

How many Additional Interests (Mortgagees/Loss Payees/Additional Insured) are required? _____

Is Work Comp also insured with Farmers (Account Completion Credit)? Yes No

Does applicant own any business auto? Yes No

Is Non-Owned Auto Liability desired? Yes No

Is Hired/Borrowed Auto Liability desired? Yes No*

***This does not include Hired Car Physical damage**

Describe the Business Operations (and Products): _____

Is this a home based Business? Yes No

Does the applicant directly import products from foreign-based manufactures or suppliers? Yes* No

*What percentage of annual sales is derived from products, including components parts, which are directly imported from foreign-based manufactures or suppliers? _____

Does the applicant have goods shipped directly from suppliers to customers without the applicant taking possession? Yes* No

*What percentage of annual sales is derived from direct shipping? _____

Does the applicant obtain Vendors Endorsements from all Suppliers? Yes No

Does the applicant engage in manufacturing, assembly, or modification of products? Yes* No

*What percentage of annual sales is derived from manufacturing, assembly, or modification of products? _____

Does the applicant engage in repackaging which involves breaking the manufacturer's seal? Yes* No

*What percentage of annual sales is derived from repackaging which involves breaking the manufacturer's seal? _____

Does the applicant sell products under their own label? Yes* No

*What percentage of annual sales is derived from products sold under their own label? _____

Does the applicant provide installation, service or repair services? Yes* No

*What percentage of annual sales is derived from providing installation, service or repair? _____

*Does the applicant hire contractors to perform installation, service or repair? _____

*Does the applicant require certificates of insurance from all contractors? _____

Does the applicant engage in retail sales? Yes* No

*What percentage of annual sales is derived from retail sales? _____

PRIOR CARRIER INFORMATION (Additional Information can be placed in Notes Section)

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____

Has the applicant had any Business Insurance Policy cancelled in the last 3 years? Yes* No

*Why?: _____

(Please collect 5 years of Loss Runs)

POLICY DETAILS

Number of Locations:

Number of Buildings:

Year Built:

Building Amount:

Contents Amount:

Location Deductible:

Wind/Hail Deductible (W/H States Only – TX, MN, SD, NE, & CO):

Liability Limit:

Liquor Receipts:

*Liquor Liability:

Construction:

Frame Masonry Non-Combustible Masonry Non-Combustible

Modified Fire Resistive Fire Resistive

Roof Type:

Shake Tile Composite Flat-Rubber Flat-Thermoplastic Built-up Bitumen

Built-up Modified Bitumen Built-up Tar-Gravel Other

Number of Stories:

Fire Sprinkler System: Yes No

When did this Business start operations at this location? ____/ ____/ ____

Total Annual Receipts/Sales or loss of rents from the location?

Total square footage occupied by Insured:

Indicate the Percentage of Building occupied by the applicant:

What percentage of the building is vacant or unoccupied?

Number of part-time employees at this location:

Number of full-time employees:

ADDITIONAL QUESTIONS

Building Improvements/Renovations at this Location:

Has the building undergone a comprehensive renovation since it was originally built? Yes No

(Comprehensive renovation means complete gutting to the exterior walls with completely new interior walls, plumbing, heating, wiring and roof.)

Enter renovation date: ____/ ____/ ____

Wiring Year: _____ Roofing Year: _____ Plumbing Year: _____ Heating Year: _____

Indicate the type of alarm at this location:

- None
- Local
- Central Station
- UL with Certificate

Does the applicant use a High-Rack System? Yes No

Number of forklifts used?..... _____

What percentage of the annual revenue generated from this location is derived from retail sales? _____

What percentage of the annual revenue generated from this location is derived from installation? _____

What percentage of goods shipped or sold from this location are manufactured or repackaged by the applicant? _____

What percentage of the goods shipped or cold from this location are directly imported?..... _____

BUILDING COST ESTIMATOR

Occupancy – Wholesale

Basement:

- None
- Finished
- Partially Finished
- Unfinished
- Parking on First Level

Ground Floor Area:..... _____

AUTO COVERAGE SECTION

AUTO DETAILS

Are there any vehicles leased to others? Yes No

Is there hazardous cargo or hauling of goods, materials, or commodities that require Department of Transportation signs or lettering? Yes No

Are there any hold harmless agreements required?..... Yes No

Are there courtesy vehicles? Yes No

Are there Public Transportation Exposures – other than Courtesy vehicles? Yes No

Are there specialty uses or is there sponsoring of Special Events?..... Yes No

Are there any oversized, overweight or unstable loads? Yes No

Are any vehicles used for the following?

- None
- Garbage and Recycling
- Door to Door Sales
- Residential Mail/Newspaper delivery
- Residential package delivery
- Ice Cream Vendors

Are there high-valued goods, including merchandize subject to theft?..... Yes No

Are there any vehicles that have Permanently Mounted Special Equipment?..... Yes No

Are there any vehicles that have been customized, altered, or that have Special Equipment? Yes No

Description of Business Operations: _____

DRIVER INFORMATION

- 1.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: Yes No
- 2.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: Yes No
- 3.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: Yes No
- 4.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: Yes No
- 5.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: Yes No

VEHICLE INFORMATION (*Required for Medium to Heavy Truck)

- 1.) Make: _____ Model: _____ Year: _____ Body Type: _____
Vehicle Type: _____ VIN: _____ Radius: _____
Garaging City: _____ State: _____ Zip: _____ Registered in same State: Yes No
Has the Vehicle been customized or altered or does it have special equipment? Yes No
Use: Service Retail Commercial
*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transit Mix Truck and Trailers
 Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal
 Not otherwise Specified
*Special Provisions: Vehicle used in Dumping Operations?..... Yes No
- 2.) Make: _____ Model: _____ Year: _____ Body Type: _____
Vehicle Type: _____ VIN: _____ Radius: _____
Garaging City: _____ State: _____ Zip: _____ Registered in same State: Yes No
Has the Vehicle been customized or altered or does it have special equipment? Yes No
Use: Service Retail Commercial
*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transit Mix Truck and Trailers
 Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal
 Not otherwise Specified
*Special Provisions: Vehicle used in Dumping Operations?..... Yes No
- 3.) Make: _____ Model: _____ Year: _____ Body Type: _____
Vehicle Type: _____ VIN: _____ Radius: _____
Garaging City: _____ State: _____ Zip: _____ Registered in same State: Yes No
Has the Vehicle been customized or altered or does it have special equipment? Yes No

Use: Service Retail Commercial

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transit Mix Truck and Trailers
 Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal
 Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations?..... Yes No

4.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: Yes No

Has the Vehicle been customized or altered or does it have special equipment? Yes No

Use: Service Retail Commercial

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transit Mix Truck and Trailers
 Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal
 Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations?..... Yes No

5.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: Yes No

Has the Vehicle been customized or altered or does it have special equipment? Yes No

Use: Service Retail Commercial

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transit Mix Truck and Trailers
 Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal
 Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations?..... Yes No

OTHER POLICY LINES

Workers Compensation - Company: _____ X-Date: ____ / ____ / ____

Umbrella - Company: _____ X-Date: ____ / ____ / ____

Employment Practices - Company: _____ X-Date: ____ / ____ / ____

Pollution Liability - Company: _____ X-Date: ____ / ____ / ____

Business Life - Company: _____ X-Date: ____ / ____ / ____

Personal Lines - Company: _____ X-Date: ____ / ____ / ____

Notes: _____
