



205 N. Michigan Ste 2940
 Chicago IL 60601
 (312) 720-1950
 admin@235insurance.com

Named Insured: _____

Contact Person: _____

Address: _____

Phone #: _____

Fax: _____

Email: _____

Mobile #: _____

Website: _____

Type of Entity: _____ Sole Proprietor

_____ Partnership

_____ Corporation

_____ LLC

Business Established: _____

Federal ID#: _____

Please provide an exact **Description of Operations:**

Annual Gross Receipts: _____ Annual Gross Payroll: _____ % of Sales from Internet: _____

Job Description	Total Payroll	# of Full-Time Employees	# of Part-Time Employees
<i>(Ex. Clerical, Outside Sales, Delivery Drivers, etc.)</i>			

❖ Are any owners, partners, etc. to be excluded from Worker's Compensation?

If so, please provide the individual's name and title.

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

❖ Please provide a copy of Experience Modification Sheet

❖ Do Employees Travel out of state? _____

❖ Have you had prior insurance? _____

If so, please provide the name of the insurance company. _____

❖ Have there been any losses? _____ *(These include Property, Liability, Auto, Work Comp, etc.)*

Please provide loss runs from 2008 to present for all policies.

Loc #	Location Address (Street, City, ST, Zip)



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❖ Current property insurance coverage and deductible information: *(A copy of the existing policy is helpful)*
(Building, Contents, Business Income & Extra Expense, Equipment, Crime, Computer Equipment, etc.)

Location	Subject of Insurance	Limits	Deductible
Location #: _____	Building	\$	\$
	Contents	\$	\$
	Business Income & Extra Expense	\$	\$
	Equipment	\$	\$
	Crime	\$	\$

Information needed regarding your premises:

Building information	Location #1	Location #2	Location #3
Construction <i>(frame, brick, non-combustible, fire resistive)</i>			
Year Built			
# of Stories			
Square Footage of Building			
Square Footage Occupied			
If over 25 years old, year updated: Heating Electric Plumbing Roof			
Is Building Sprinklered?			
Is there a "Boiler"? If so, would you like it to be covered?			

If company vehicles are to be insured, please complete the "Schedule of Drivers" and "List of Vehicles" section below:

Schedule of Driver's		
Driver's Name	Date of Birth	Drivers License #



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Schedule of Vehicles

Year	Make	Model	VIN #	Cost New	Garaging Location	Comprehensive Deductible	Collision Deductible
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$

Do employees use their own vehicles for work? _____ If so,
 Do you receive a certificate of insurance or copy of the policy dec page to make sure they are adequately insured? _____
 Do you run a "Motor Vehicle Report" to make sure they have a valid driver's license? _____



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Coverage	Current Premiums
Property	\$
General Liability	\$
Umbrella (Current Limit _____)	\$
Worker's Compensation	\$
Business Auto	\$
Other	\$

During the process of conducting business, if personal or private information is required from _____ your clients (such as social security numbers, credit card information, financial information, medical information, etc.), do you currently carry Cyber Liability coverage?

Do you sponsor sporting events, trips, etc.? _____
 If so, please provide a complete description of the event:

Please indicate any optional coverage that you require:

- _____ Directors & Officers Liability
- _____ Employment Practices Liability
- _____ Crime
- _____ Fiduciary
- _____ Errors & Omissions Liability