



Preliminary Application

Name of Entity: _____ County: _____

Address: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

Effective Date of Coverage: _____ Current Premium: _____

Need By Date: _____

Liability Information

Limit of Liability: _____

Number of Employees: _____

Total Payroll: _____

Gross Operating Expenditures: _____

Please advise if your entity is responsible for the following:

Fire Department: Yes No

Law Enforcement: Yes No

Part-time officers: _____ /# Full-time Officers: _____

Water Department - # connections: _____

Sewer Department - # connections: _____

Streets/Roads - # miles: _____

Property Information

Total Building Limit: \$ _____

Total Contents Limit: \$ _____

Please attach a property statement of values if available.

Total Inland Marine Limit: \$ _____

Total Computer Limit: \$ _____

Automobile Information

Number of Automobiles: _____

Approximate Value of All Vehicles: \$ _____

Desired Deductibles: Comprehensive: \$ _____

Collision: \$ _____

Auto Med Pay Limits: None \$1,000 \$2,500 \$5,000 \$10,000

Uninsured/Underinsured Motorists: None \$50,000 \$250,000
\$500,000 \$1,000,000

Current Carrier Information

Name of Current Carrier: _____

Number of Years with your Current Carrier: _____

Claim Information

Please provide details regarding all losses over the past 4 years, including the amount paid for each loss. If possible, please provide loss runs.

Do you have any pending or open claims? If so, please provide details.

Notes

Please advise if there are any unique or additional exposures that should be noted (ponds, watercraft, special events, fireworks, swimming pools, etc.)

Entity's Attestation- The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application and any attachments to the application are true: that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the coverage but it is agreed this application and its attachments, shall be the basis of a policy quotation if one is offered.

Any person who knowingly and with intent to defraud, any insurance company, Plan, Pool, or other person, files an application for coverage or statement of claim containing any materially false information or conceals information concerning any material fact, for the purpose of misleading, commits a fraudulent act, which is a crime and subjects such person to criminal penalties.

Authorized signatory for entity

Date

Title

Phone Number