



Prospect Name: _____

Renewal Date: _____

Quote for Real Estate

Business Information

Business Name: _____

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

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

Phone: _____ Fax: _____ Email: _____

Web Address: _____ FEIN: _____ SIC Code: _____

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 (other than Work Comp)? (Yes / No)

In what year did the business start operations? _____

Is this an established business (under the current ownership) with no prior insurance? (Yes / No)

How many years of management experience in this industry does the applicant have? _____

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

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

Is Work Comp also insured with Farmers? (Account completion Credit): (Yes / No)

Include Auto on this Policy? (Yes / No)

Does applicant own any business auto? (Yes / No)

Is Hired/Borrowed Auto Liability desired? (Yes / No)*

* This does not include Hired Car Physical damage

.Is Non-Owned Auto Liability desired? (Yes / No)

Do you want Blanket Coverage to apply to all location's building and/or contents? (Yes / No)

Describe the Business Operations (and Products): _____



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 Ice Cream Vendors Door to Door Sales

Are there high-valued goods, including merchandise 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)

Policy Level Underwriting:

Is this business a franchise? (Yes / No)

Is this a home based Business? (Yes / No)

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: _____



FARMERS
BUSINESS INSURANCE

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 up to 5 years of Loss Runs)

Policy Details

Number of Locations: _____ Number of Buildings: _____

What is the primary occupancy type?

- Retail Center Industrial Park Offices Warehouse Office-Condominium

Year Built: _____ Territory: _____

Building Amount: _____ Contents Amount: _____

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

Actual Cash Value: (Yes / No) Liability Limit: _____

Building Functional Value: (Yes / No) Total Square Footage Occupied? _____



FARMERS
BUSINESS INSURANCE

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 None

Number of Stories: _____ Fire Sprinkler System: (Yes / No)

Total Annual Receipts: _____ Liquor Receipts: _____

Total square footage occupied by Insured? _____

Number of part-time employees at this location: _____ Number of full-time employees: _____

What percentage of the building is vacant or unoccupied? _____

Does the applicant require all tenants to carry property and liability insurance? (Yes / No*)

*Are there Daycare or Bars/Taverns at this location? (Yes / No)

Did the applicant/owner obtain Certificates of Insurance from all occupants? (Yes / No)

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: _____

Is a professional property management company used at this location? (Yes / No)

Is the original design intended for the type of operations being conducted at this location? (Yes / No)

Does any tenant conduct manufacturing operations at this location? (Yes / No)

Is the applicant responsible for the parking lot: (Yes / No)

Building Cost Estimator

Basement: None Finished Partially Finished Unfinished Parking on First Level

Ground Floor Area: _____



Auto Coverage Section

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 Transsit Mix Truck and trlrs
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)



FARMERS BUSINESS INSURANCE

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

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 Transsit Mix Truck and trlrs

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 Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)



FARMERS BUSINESS INSURANCE

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 Transsit Mix Truck and trlrs

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:
