



American Exeer Insurance Services, Inc.

DATE: _____ QUOTE NO: _____ SOURCE: _____

NAME OF THE OWNER _____ NATURE OF BUSINESS _____

NAME OF THE BUSINESS _____

STREET ADDRESS _____ CITY _____ ZIP CODE _____

TELEPHONE NO. _____ FAX NO. _____

WEB SITE _____ E-MAIL _____

WHAT DOES BEST DESCRIBE THE NATURE OF YOUR BUSINESS? _____

HOW LONG EXPERIENCE IN THIS LINE OF BUSINESS _____ YRS. IN BUSINESS _____ YRS. @ THID LOCATION _____

EXISTING INSURANCE COMPANY _____ NO. OF YEARS WITH THIS CO. _____

EXPIRATION DATE _____ NO. & AMOUNT OF LOSSES IN THE PAST 3 YEARS _____

NO. OF EMPLOYEES _____ AMOUNT OF PAYROLL _____ ANNUAL GROSS RECEIPTS _____

BUILDING CONSTRUCTION TYPE _____ TOTAL OCCUPIED AREA OF THE BUILDING _____

SPRINKLERD ? YES__ NO__ AGE OF BLDNG _____ ALARM SYSTEM? YES__ NO__

ALARM CO. CONTRACT & PHONE NO. _____

BUSINESS EXPOSURE NEXT TO THE PREMISES; LEFT _____ RIGHT _____ REAR _____

COVERAGE REQUESTED

G.L. LIMITS _____ CONTENTS _____ INVENTORY _____

LOSS OF EARNINGS _____ EQUIPMENT _____ PRODUCT LIABILITY _____

COMMERCIAL AUTO _____ EMPLOYMENT PRACTICE LIABILITY _____

EXCESS / UMBRELLA _____ PROFESSIONAL LIABILITY / E&O _____

WORKERS' COMP. _____ CLASS CODES: _____, _____, _____, _____, _____

ADDITIONAL INSURED INTEREST: __ OWNER: __ MORTGAGEE: __ ADDITIONAL INSURED: __

PROVIDE A/I EXACT WORDING: _____

_____ FEID#: _____

OTHER INFORMATION _____