



Quick Quote Questionnaire

Date _____

Agency _____ Contact Person _____ **Page 1**

Phone # _____ email address: _____ fax # _____

Named Insured _____ Proposed Effective Date _____

Names of Principals _____ Indiv/Partnership/Corp/LLC/Other _____

Address _____ City _____ State _____ Zip _____

Type of Business _____ Radius of Operation: _____

Date Business Started: _____ Experience of Operators: _____

Provide complete description of operations performed and how equipment will be used: _____

Prior Carrier _____ Agent Know Personally? _____

What other Coverage Do You Write _____

Overall Financial Condition / Net Worth: _____

Bankruptcies/ Tax or Credit liens within past 5 years: _____

Any policy or coverage Declined, Cancelled or Non-Renewed in prior 3 years? _____ If yes, explain below.

Current Terms & Deductibles _____ W C Exp Mod _____

Prior Losses (Last 5 Years) Provide Details _____

Logging Risks – Contracted with? _____

Maintenance Program/Safety Program in place? _____ Provide Details _____

Fire extinguishers / Fire Suppression located on units – provide details _____

Any Equipment Rented/Leased To or From Others? Please explain _____

Any Equipment used Underground or Over Water? Please explain _____

Location of Equipment when not in use: _____

AGENT'S RECOMMENDATION / GENERAL COMMENTS:

Quick Quote Questionnaire Date_____

Named Insured:_____

*****To Bind need complete description of units – Year, Make, Model, Serial #
and if modifications to units provide detailed descriptions*****

<i>Unit #</i>	<i>Year</i>	<i>Make & Model</i>	<i>Serial #</i>

<i>Unit #</i>	<i>Limit of Insurance</i>	<i>Deductible</i>	<i>Rate</i>	<i>Premium</i>

<i>Unit #</i>	<i>Loss Payee / Additional Insured Info</i>

Applicant's Signature _____ **Date** _____

(Quotes are good for 60 days – resubmit if change in schedule or loss experience)

