



Specialized

INSURANCE SERVICES

www.specializedins.com

Fax Completed Quote Form To (804) 934-9790

By Completing And Submitting This Application You
Are Giving Us Permission To Contact You By Phone.

Business Profile

Date _____

Company Name _____

Mailing Address _____

Physical Address (if different from Mailing Address) _____

Contact Name _____

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Phone _____ Fax _____

Email _____

Years in Business Under Current Ownership _____ Years Experience _____

Federal I.D. Number _____ Policy Effective Date _____

Description of Business Operations _____

Type of Entity

___ Sole Proprietor ___ Partnership ___ Corporation

___ LLC ___ Other _____

Are Owners/Officers Included For Coverage?

___ Yes ___ No No. of Owners/Officers _____

Class Code **Payroll** **No. of Employees**

Previous Workers' Compensation Premium and Claims History

Policy Years (Last 3) Company Premium No. of Claims Claim Amounts

Employers Liability Coverages 100,000/500,000/100,000

(or) _____ / _____ / _____

Annual Gross Income _____

YES	NO	GENERAL INFORMATION
		Does Your Business Own, Operate, or Lease Aircraft/Watercraft?
		Any Exposure to Flammables, Explosives and/or Caustic Fumes?
		Any Work Performed Underground or Above 13 Feet?
		Any Work Performed on Barges, Vessels and/or Docks?
		Are Owners Engaged In Any Other Type of Business?
		Are Subcontractors Used? If So What %? _____
		Any Work Sublet Without Certificates of Insurance?
		Is a Formal Safety Program In Operation?
		Any Group Transportation Provided?
		Do Employees Travel Out of State? If So, What States? _____
		Do Any Employees Reside Outside of Virginia?
		Coverage Declined/Cancelled/Non-renewed Last 3 Years?
Experience Modification Factor _____ (Fax copy of NCCI report)		
Quote These Coverages: ___ Workers Comp ___ Liability ___ Property ___ Auto ___ Umbrella		

When Do Your Other Policies Renew?

General Liability _____

Property _____

Business Auto _____

Group Health _____