

## Wholesaler & Distributor Quote Form

Producer: \_\_\_\_\_ Date: \_\_\_\_\_

### General Information

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Operation: \_\_\_\_\_

Legal Entity (Corp, LLC, etc.): \_\_\_\_\_

FEIN #- \_\_\_\_\_

Years in Business: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Years with Current Insurance Company: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Number of Owners: \_\_\_\_\_

Number of Part Time Employees: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

Gross Annual Sales: \_\_\_\_\_

### Notes:

**Underwriting Questions – If answered Yes- provide more details in notes section.**

Is the Applicant involved in manufacturing, mixing relabeling or repackaging of products? \_\_\_\_\_

(If yes, do not bind. Contact underwriter.)

Does the Applicant sell or distribute foreign products not purchased from a US distributor? \_\_\_\_\_

(If yes, do not bind. Contact underwriter.)

Does the Applicant install, service or assemble any product? \_\_\_\_\_

(If yes, do not bind. Contact underwriter.)

Does the Applicant engage in any operation involving aerospace or aircraft parts? \_\_\_\_\_

(If yes, do not bind. Contact underwriter.)

**Automatic Sprinkler System**

Automatic Sprinkler System? \_\_\_\_\_ (Provide annual service date.) \_\_\_\_\_

In-Rack Automatic Sprinkler System Fire Protection? \_\_\_\_\_

**Other Fire Protection**

Multi-purpose fire extinguisher? \_\_\_\_\_ (Required)

Is there a fire alarm? \_\_\_\_\_

Monitored by central station? \_\_\_\_\_

**Warehouse**

Description of inventory stored (Safety Data Sheets on site for each material kept on site?)

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Any tire storage? \_\_\_\_\_

(If yes, do not bind. Contact underwriter.)

Is square foot area 20,000 sq ft or more? \_\_\_\_\_

(If yes, do not bind. Contact underwriter.)

Is there a plan in place to remove snow from roof? \_\_\_\_\_

(If no, do not bind. Contact underwriter.)

How is inventory stored? \_\_\_\_\_

Rack storage? \_\_\_\_\_

Are racks bolted to floor? \_\_\_\_\_

Approximate height of storage \_\_\_\_\_ feet

Distance to sprinkler protection \_\_\_\_\_ feet

Width of aisles? \_\_\_\_\_ feet

Is there idle pallet storage?\* \_\_\_\_\_

(Provide height, square foot of idle pallet storage) \_\_\_\_\_

Idle pallets stored inside or outside? \_\_\_\_\_ (inside only, outside only, or both)

Describe inventory control system \_\_\_\_\_

Is warehouse heated? \_\_\_\_\_

Are powered industrial trucks used? \_\_\_\_\_ (forklifts, order pickers, powered pallet jacks, etc)

Forklift refueling area controlled? \_\_\_\_\_

**(Proper storage for propane tanks or battery charging stations)**

Pest control program in place? \_\_\_\_\_

**Building Information**

How many locations does your business occupy? \_\_\_\_\_

Location Address	Year Built	Square Footage	Construction Type	Roof	Electrical	Plumbing	HVAC	Building \$	Contents \$

Is the building equipped with any of the safety features listed below?

\_\_\_\_\_ Smoke Alarm- if yes, are they hardwired or battery

\_\_\_\_\_ Fire Alarm- Report to central station or only sound alarm on premises

\_\_\_\_\_ Burglar Alarm- Report to central station or only sound alarm on premises

\_\_\_\_\_ Fire Extinguishers- annually serviced

\_\_\_\_\_ Sprinkler System- Full Building or Partial

### **Building & Contents Coverage**

How much coverage do you desire for the building at this location? \_\_\_\_\_

How much coverage do you desire for business personal property or the contents at this location?

\_\_\_\_\_

What deductible do you desire for damage to your building or property? \_\_\_\_\_

Is this building financed? If so, how much do you owe on it? \_\_\_\_\_

### **Employment Related Practices**

Would your business like to be protected from lawsuits involving Employment Related Practices such as sexual harassment, wrongful termination, and discrimination?

Coverage Amount: \_\_\_\_\_ Deductible: \_\_\_\_\_

### **Data Compromise**

Would you like for your business to be protected from lawsuits arising from cyber-attacks on your computer systems or network that results in the theft of your clients or employees personal information such as bank, credit card, or social security numbers?

Coverage Amount: \_\_\_\_\_ Deductible: \_\_\_\_\_

### **Employee Benefits Liability**

Would you like for your business to be protected from lawsuits arising from the administration of your employee benefits program?

Coverage Amount: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Additional Notes:**