

Engineers Business Insurance Application

Plan Administrator:



1200 E. Glen Ave., Peoria Heights, IL 61616-5348
Questions: Please call (855) 465-0200

APPLICANT INFORMATION

Today's Date: ____ / ____ / ____

Desired Effective Date: ____ / ____ / ____

Do you currently have coverage? Yes No *If yes, with whom do you have coverage and what is the effective date?* _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____

Phone: _____ Fax: _____

BUSINESS DESCRIPTION

Legal Entity: Corporation LLC Partnership Individual Other: _____

Please provide a complete description of your business: _____

Year Business Purchased/Began: _____ Federal Employer ID Number (FEIN), if applicable: _____

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? Yes No
If yes, please describe on a separate page.

If the business was established less than 3 years ago, how many years of management experience do you have? _____

What percentage of your business is conducted away from applicants premise? _____ %

During the past five years, has your business had any bankruptcies, tax, or credit liens? _____ Yes No

PROPERTY AND COVERAGE INFORMATION

Please tell us about each of your locations. (Please copy and complete for each additional location. Use as many pages as needed.)

Location Number: ____ of ____ Is the location address the same as the company address? Yes No

If no, please enter the building address. Address: _____

County: _____ City: _____ State: _____ Zip: _____

What year was the building built? _____ Approx. total building sq. ft.: _____ Sq. ft. occupied by you: _____

How many stories? _____ Is building completely occupied? Yes No *If no, what percentage:* _____ %

Please check the type of building construction (check only one): Frame Joisted Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistive

Is your building 100% sprinklered? Yes No For this building, are you the Owner? Tenant?

Please enter the year any updates were made to the building. Rewired: _____ Reroofed: _____

Do you work from home? Yes No *If yes, what is the size of your home office?* _____ sq. ft.

PROPERTY AND COVERAGE INFORMATION *(continued)*

Building Limit (for commercial property only): \$ _____ *Additional info needed if building owner.*

Business Personal Property Limit: \$ _____ or _____ \$1,000 Minimum Vacant acreage on premises? Yes No *If yes, how many acres:* _____

Description: _____

Are there any manufacturing chemicals, plastics, oil, gas, wood products, or lumberyard exposures within 75 feet? Yes No

Are there other businesses in the same building? Yes No *If yes, please provide a complete description of the other businesses:* _____

Estimate annual sales: \$ _____ Estimate annual payrolls: \$ _____

Number of full-time employees: _____ Number of part-time employees: _____

COVERAGE REQUESTED

General Liability: \$1,000,000/\$2,000,000 \$2,000,000/\$4,000,000 Deductible (please choose one): \$500 \$1,000 \$2,500

ADDITIONAL INTERESTS (MORTGAGEE, LOSS PAYEE, ADDITIONAL INSURED)

Relationship: Mortgagee Loss Payee Landlord Other: _____

Name: _____

Address: _____

Please complete the sections below for additional quotes.

UMBRELLA LIABILITY

This coverage provides your firm with additional liability protection.

Please choose one coverage amount: \$1M \$2M Greater than \$2M *Requested Coverage Amount:* _____
 I do not want a quote for umbrella coverage

WORKERS COMPENSATION

Please contact your representative for additional information.

EMPLOYMENT PRACTICES LIABILITY INSURANCE (EPLI)

If you employ one or more employees, you are at risk for an employment practice liability claim.

Examples of EPLI claims include: Wrongful Termination, Sexual Harassment, Discrimination, Failure to Promote

Please indicate if you are interested in receiving an indication for EPLI? Yes No
If yes, please contact your representative for additional information.

EMPLOYMENT RETIREMENT INCOME SECURITY ACT (ERISA)

Please contact your representative for additional information.

COMMERCIAL AUTO

Does your business own/lease any auto(s) in which your business is listed on the title?..... Yes No
If yes, and you are interested in receiving a quote, please attach a current copy of your auto declaration page including a schedule of covered autos.

Does the insured have a commercial auto policy in force? Yes No

If no, do any employees use their personal autos or hired/rental vehicles for part of their job responsibilities? Yes No If yes, select all that apply.

Driving involves: Time constraints Delivery Student or youth transportation Outside sales Routine errands Other

What is the maximum radius of operation? _____

How many of the employees regularly using their personal autos are <= 25 years of age? _____

Indicate the control measures in place (select all that apply):

- Employees carry personal auto insurance liability limits of at least 100/300/50 (\$100,000/\$300,000/\$50,000 split) or \$300,000 CSL (Combined Single Unit)
- Written guidelines requiring minimum age and driving experience before allowing use of personal vehicles in the course of the business
- Drivers' MVRs are on file and checked annually by insured Other No control measures in place

CLAIMS INFORMATION

During the past 5 years, have you had any bankruptcies, or tax or credit liens?..... Yes No

Has Insurance coverage been cancelled, declined, or non-renewed in the last 3 years? Yes No

- Prior Carrier Retired from Market or Insolvent Prior Carrier No Longer Writing Class of Business
- Non-Pay Cancellation-1 Occurrence in last 3 years Non-Pay Cancellation-2 or more Occurrences in last 3 years
- Other Carrier "Class of Business" Appetite/Eligibility Agent No Longer Represents Prior Carrier
- Other: _____

Have there been any claims or loss occurrences in the last 3 years? Yes No Occurrence/Loss Date: ____/____/____

Description of Occurrence/Loss: _____

Amount Incurred (Paid + Reserve): \$ _____

APPLICATION FRAUD WARNING

Any person who knowingly and with the intent to defraud any insurance company or another person files an application containing materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties. Duty of Disclosure: In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide the insurers. In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgment of prudent insurer in determining whether they will take the risk, and, if so, for what premium and on what terms.

If all such information is not disclosed by you, insurers have the right to void the contract from its commencement which may lead to claims not being met.

Signature: _____ Date: _____

