

Fax completed questionnaire to 205-868-4051 or email agency@proassurance.com for a quote.

Practice Information:

Practice Name: _____ Phone: _____
 Mailing Address: _____ City/State/Zip: _____
 Location (if different): _____
 Practice's Specialty: _____ Year practice established/acquired by current owner: _____
 Contact Person: _____
 Email address: _____
 Entity Type/Name (e.g., LLC, sole proprietorship, etc.): _____
 Has insurance been cancelled/non-renewed in the last three (3) years? ☐ Yes ☐ No

Section 1 - Businessowners

(Provides general liability coverage and property coverage (Building / Contents))

Are you interested in a quote for Businessowners? ☐ Yes ☐ No

Property Deductible: \$ _____ Annual Revenue: \$ _____ Annual Payroll: \$ _____

Building Coverage: \$ _____ (If you own your building)

**Improvement and Betterments (tenant/leasing your space you are responsible for) \$ _____

Contents Amount (without computer hardware/software): \$ _____

Computer Hardware/Software Amount: \$ _____

Employee Benefit Liability: ☐ Yes ☐ No Hired and Non-Owned Auto Liability: ☐ Yes ☐ No

Building Construction: ☐ Frame ☐ Joisted Masonry ☐ Non-combustible ☐ Masonry Non-combustible
☐ Modified Fire-resistive ☐ Fire Resistive

Building Square Footage: _____ Square Footage You Occupy: _____ No. of Stories: _____

Does the building have a Sprinkler System? ☐ Yes ☐ No Year Built: _____

Complete if building is over 25 years old

Does the building have aluminum wiring? ☐ Yes ☐ No

Does the building have circuit breakers? ☐ Yes ☐ No

Year of Updates for: Roof: _____ Plumbing: _____ Electrical: _____ HVAC: _____

Current Carrier: _____ Effective Date: _____

Have you had ANY Losses in past 3 Years: ☐ Yes ☐ No

Date, amount, and description of any claims in the last three (3) years: _____

****Includes tenant's and condo owner's improvements (permanent additions or changes to your area at your expense, e.g., built-in cabinets, carpet, wallpaper, fixtures, etc.)**

Section 2 – Employment Practice Liability Insurance (EPLI)

(Provides coverage for alleged wrongful acts arising from employment-related claims; wrongful termination, discrimination, sexual harassment, etc.)

Are you interested in a quote for EPLI? ☐ Yes ☐ No # of Employees: _____ Full Time _____ Part Time

Do you currently have an EPLI Policy? ☐ Yes ☐ No

Current Carrier: _____ Effective Date: _____

Any Losses in the past 3 years: ☐ Yes ☐ No Details of claim: _____

Section 3 – Flood Insurance

(Is normally EXCLUDED under the Businessowners Policies)

Are you interested in a quote for flood insurance? ☐ Yes ☐ No

Do you currently have a flood policy? ☐ Yes ☐ No

Current Carrier: _____ Effective Date: _____

Any Losses in the past 3 years: ☐ Yes ☐ No Details of claim: _____

Section 4 – Cyber Liability

(Coverage for privacy breaches occurring through the means of electronic or paper files that lead to identity theft)

Are you interested in a quote for Cyber Liability? ☐ Yes ☐ No

Do you currently have your malpractice coverage with ProAssurance? ☐ Yes ☐

Policy Number: _____ # of physicians/dentist in the office: _____

Section 5 – Regulatory Risk / Medefense

(Defense costs, civil fines and penalties coverage for RAC Audits, HIPAA, Stark Law and EMTALA proceedings)

Are you interested in a quote for Regulatory Risk / Medefense? ☐ Yes ☐ No

Do you currently have your malpractice coverage with ProAssurance? ☐ Yes ☐

Policy Number: _____ # of physicians/dentist in the office: _____

Section 6 – Commercial Umbrella

(Excess Policy over your Primary Policies (Businessowners Policy, Workers' Compensation and Commercial Automobile Policy)

Are you interested in a quote for Commercial Umbrella? ☐ Yes ☐ No

Do you currently have a Commercial Umbrella policy? ☐ Yes ☐ No

Current Carrier: _____ Effective Date: _____

Limit of Liability: ☐ 1M ☐ 2M ☐ 3M ☐ 4M # of Corporate-owned Automobiles: _____

Section 7 – Employee Profit Sharing / 401K Retirement Plan Bond (ERISA Bond)

Are you interested in a quote for an ERISA Bond? ☐ Yes ☐ No

Do you currently have an ERISA Bond? ☐ Yes ☐ No

Current Carrier: _____ Effective Date: _____

Exact Name of the Plan: _____

Amount of a bond that is required*: _____

*Pension Reform Act requires a minimum bond and coverage to be in the amount of 10% of the fund handled.
Bond amount should be 10% of the maximum amount of funds expected to be in the plan over the next 3 years.



Section 8 – Workers Compensation

(Covers accidents or diseases resulting from job-related incidents)

Are you interested in a quote for Workers Compensation? ☐ Yes ☐ No

Do you currently have a Workers Compensation policy? ☐ Yes ☐ No

Current Carrier: _____ Effective Date: _____

"Estimated" Workers' Compensation Payroll (**employees only**): \$ _____

of Employees: _____ Full Time _____ Part Time Federal ID #: _____

Have you had ANY Losses in past 3 Years: ☐ Yes ☐ No

Date, amount, and description of any claims in the last three (3) years: _____

Provide the names of officers/owners/partners (first name, last name, title (President, VP, etc.), ownership %):

1) _____ Include/Exclude

2) _____ Include/Exclude

3) _____ Include/Exclude

4) _____ Include/Exclude

How many employees regularly use their vehicles or company owned vehicles for company business? _____

Are injured workers treated in-house or is there directed medical treatment? _____

Will modified duty be offered to injured employees? ☐ Yes ☐ No

Is Applicant engaged in any other type of business? ☐ Yes ☐ No

Any work sublet without certificates of insurance? ☐ Yes ☐ No

Any group transportation provided? ☐ Yes ☐ No

Is there any volunteer or donated labor? ☐ Yes ☐ No (if "yes", please specify)

Do employees travel out of state? ☐ Yes ☐ No (if "yes", indicate state(s) of travel and frequency)

Are employee health plans provided? ☐ Yes ☐ No

Do any employees perform work for other businesses or subsidiaries? ☐ Yes ☐ No

Do you lease employees to or from other employers? ☐ Yes ☐ No

Signature

Title

Date

