NEW BUSINESS QUOTE FORM

Name	Email				
Address					
Phone # ()	Cell # ()			
Type of ownership	Effective Date	Years in business Year experience			
Dentact personHas any company cancelled you insura					
Premises information		Interes	st Yr. built*	Part occupied	
1. Above					
2					
3					
4					
4.	ocation:				

		PROPI	ERTY COV	ERAGE		
Building	Contents	Deductible	Construction	Year Built	Year Updated.	
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2 3.						
,						
# Stories	Basement	s Square Footage	Occupancy Rate			
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·						
Class-Classific	ation	GEN	ERAL LIAE Payro		Sales	# of employ
			rayro	11	Saits	# 01 employ
. <u>Newspaper</u>						
Additional Ins	ureds:					
LIMITS:						
Liability: Oc	currence	Aggregat		Fire Damage	e Med	ical Pay
		WORKER	RS COMPE	NSATION		
Class Classific	ation			State	Payroll	# of Employ
lass Classific						
 				es?		
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Name

State

License #

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NEWSPAPER PUBLISHER E&O LIABILITY						
	Publication Name	Distribution Area	Circulation Frequency	Average Circulation	% of Duplication .	
1.						
2.						
2.		<u> </u>				
5.				·		
4.						

Continue on separate attachment

PRIOR CARRIER INFORMATION

Type of Coverage	Company	Policy Number	Premium	Exp. Date
Package Policy				
Property				
General Liability				
Automobile				
Workers Compensation				
Umbrella				

LOSS INFORMATION

Line of Business	Date of Loss	Description	Amount of Loss