

GLOBAL INSURANCE AGENCY, LLC

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Elizabeth, NJ 07208

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Sale Rep

COMMERCIAL UMBRELLA INSURANCE APPLICATION

Date: _____ **Requested Effective:** _____

COMPANY'S INFORMATION

Legal Business' Name: _____

Entity Type: Sole Proprietorship ___ LLC ___ Corporation ___ Partnership ___ Other: _____

Employer Identification Number (EIN) or Tax Payer Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Year Business started: _____ Owner's Years of Experience: _____ Owner's Managerial Experience: _____

Nature of Business: _____

Briefly describe the work you do: _____

Is this a Home based Business: _____

Does your company manufactures, distribute, sale and/or import/export products? _____ If so, explain in details the products type and your company's role (List products).

Any losses or claims within the last three years? _____ if so please answer the questions below:

Loss type	Amount pay	Carrier's Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the last 3 years, has any insurance company either declined to issue a policy, or cancelled, or failed to renew existing coverage for the business? If so, please provide carrier's name, type of policy and event date.

FINANCIAL INFORMATION

Annual Gross Sale/Receipts: Last 12 months _____ Projected for next 12 months _____

EMPLOYEES INFORMATION

No. of Full Time Employees:_____ No. of Part-time Employees:_____ No. of 1099 Employees:_____

If sub-contractors are used percentage of Sales/Receipts derived from sub-contractor:_____

Annual Payroll: Last 12 months_____ Projected for next 12 months_____

CURRENT INSURANCE INFORMATION

Is the company currently insured?_____ if so, please provide the below information:

Insurance Company's Name:_____ Policy #:_____

Policy's Expiration Date:_____ Current's Coverage Limit:_____

UNDERLYING INSURANCE POLICIES

General Liability

Company's name:_____ Limits:_____

Expiration Date:_____ Premium_____

Commercial Auto

Company's name:_____ Limits:_____

Expiration Date:_____ Premium_____

Professional Liability (E & O)

Company's name:_____ Limits:_____

Expiration Date:_____ Premium_____

Director and Officer's Liability

Company's name:_____ Limits:_____

Expiration Date:_____ Premium_____

Other Policies

Company's name:_____ Limits:_____

Expiration Date:_____ Premium_____

Sent/Referred by:_____ send quote to:_____

Print name and number

(Fax # or E-mail)