



Association Insurance Program ACC Quote Worksheet



Business Name _____ Contact Name: _____

Telephone: _____ Fax: _____ E-mail _____

Mailing Address: _____ City: _____ State: _____ Postal Code: _____

Location Address: _____ City: _____ State: _____ Postal Code: _____

Employer Federal Tax ID: _____ Business Website: _____

Business Entity: Individual Corporation LLC Partnership Other _____

Does the business currently have insurance? Yes No If yes, please provide name of carrier : _____

Date coverage needed: _____ Years of experience: _____ Year business was started: _____

Description of business operations: _____

Any Claims or Losses against the business in the last 5 years? Yes No

If yes, please describe: _____

Total Receipts: _____

Total Payroll: _____

Liability Limits desired: \$1,000,000 / \$2,000,000 \$2,000,000 / \$4,000,000

Do you... Work from home? Yes No Lease your shop/studio? Yes No Own the building? Yes No

Need building coverage? Yes No If yes, please list the current amount: \$ _____

Estimated year building was built: _____ Type of construction: Frame Masonry Other _____

How many floors? _____ Square feet of space: _____ Alarm? Smoke detectors? Sprinkler?

Value of the office equipment: \$ _____ Other Equipment: \$ _____ Stock/Inventory: \$ _____

Do you ship items to your clients? Yes No Average value shipped: \$ _____

Do you have a booth at trade shows or exhibitions? Yes No Average value at show: \$ _____

Do you have vehicles you want to insure? Yes No

Year: _____ Make: _____ Model: _____ VIN: _____

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Drivers: Name _____ DOB _____ DL# & State _____

Name _____ DOB _____ DL# & State _____

Workers Compensation Insurance: Yes No Total # of employees: _____ # of owners/officers: _____

Class/ Job Description: _____ Annual Gross payroll: \$ _____

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Please complete this form and return via email, fax or mail:

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