

# ARMS INSURANCE AGENCY, INC

3010 Shaffer Avenue SE Suite 6

Kentwood, MI 49512

Phone # (616) 954-9896

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Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

The following information is required for our Agency to provide an adequate insurance proposal. Please use this form as your **Checklist** and **Guideline**.

## 1. Property:

- Property address of each location
- Construction of each all buildings
- Square footage of each building
- Current value of each building
- Age of each building
- Distance between each building
- Occupancy of each building
- Does each building have a sprinkling system

## 2. Liability:

- Desired limits of coverage
- Classification code on previous policy
- Payroll
- Gross receipts

## 3. Auto:

- Desired liability limits of coverage
- Vehicle schedule
  - 1) Year, Make, Model, Vehicle number & Cost new
  - 2) Comprehensive & Collision coverage deductible for each vehicle
  - 3) List of any Leinholders or Additional Insureds for each vehicle

## List of Drivers:

- 1) Complete full name
- 2) Date of Birth
- 3) Drivers license number
- 4) Social Security number

## 4. Workers Compensation:

- All tax id's for all entities
- List of corporate officers
  - 1) Name
  - 2) Title
  - 3) Percentage of ownership
  - 4) Indication whether to include or exclude each
- Classification code from previous policy
- Description of each code
- Payroll of each code
- Experience Modification Factor(if known)

## 5. Insurance Information:

- Prior carriers for all lines of insurance
- Copy of all policies
- Current expiration dates
- Current premiums
- 3 year hard copy loss runs