



Insurance Services



PIAG INSURANCE SERVICES

PolicyQuoteForm

YOU MAY SUBMIT THIS FORM ELECTRONICALLY. For your convenience, this form is fillable in Acrobat and may be submitted electronically. Save the file when completed and email to to the producer. To submit via fax, you may print and send to: 770.433.3066.

Shop:	<input type="checkbox"/> Business Owners	<input type="checkbox"/> Umbrella	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Auto
Target Premium:				

Pictures Attached:
<input type="checkbox"/> Yes <input type="checkbox"/> No

General Info

Named Insured: (complete legal name)		
Effective Date:	Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
*Federal ID Number:	SIC/NAICS	CO Number (PIAG Use Only):
Physical Address		
Street Address: _____		
City/State/Zip: _____		
Mailing Address (if different from physical address)		
Street Address: _____		
City/State/Zip: _____		
Contact Person		
Name: _____		Email: _____
Phone Number: _____		Fax Number: _____
Type of Business		
<input type="checkbox"/> Quick Printer <input type="checkbox"/> Offset Printer <input type="checkbox"/> Print broker <input type="checkbox"/> Web Designer (No E & O) <input type="checkbox"/> Supplier/Wholesale <input type="checkbox"/> Pre Press <input type="checkbox"/> Graphic Designer (No E&O) <input type="checkbox"/> Mailer/Letter Service <input type="checkbox"/> Other _____		
Description of business operation:		

Hours of Operation:	Years in Business:	
Annual Payroll:	Annual Sales:	
Years under current Management:	Your Website address:	
# of Full Time Employees:	# of Part Time Employees:	# of Seasonal Employees:

BOP/Umbrella

(if more than one location list on separate sheet)

Coverage

Location 1

Location 2

Limit

Deductible

Limit

Deductible

Building				
Permanently Attached Machinery <small>(if bolted to the floor)</small>				
Business Personal Property <small>(contents-desk, paper, ink, phone, supplies etc).</small>				
Errors & Omissions				
E & O w/Correction of work				
Employee Benefits				
Hired & Non-Owned Auto				
Directors & Officers				
Employment Practices Liability-EPL				
Other:				
Other:				

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

Umbrella limits: \$1,000,000 \$2,000,000 \$3,000,000 Other _____

Location

(if more than one location list on separate sheet)

Year of construction: _____ Construction Type: Frame Masonry Non Combustible Tenant
 Non Combustible Joisted Masonry Owner

Alarm: Do you have an alarm system? Yes No

Do you have a sprinkler system? Yes No

Central	<input type="checkbox"/> Burglary	<input type="checkbox"/> Fire
Local	<input type="checkbox"/> Burglary	<input type="checkbox"/> Fire

Nearest Fire Station	Miles: _____
Fire Hydrant within 1,000 Ft	<input type="checkbox"/> Yes <input type="checkbox"/> No

if yes, monitored by? _____

Total square footage of the entire building: _____ Total square footage that you occupy: _____ # of Stories: _____

Of the square feet that you occupy, what percentage is your office? _____ your warehouse?

Have you had any updates on building if 15 years or older? Yes No

If yes, check any that apply and fill in the year below.

Roof _____ Wiring _____ Plumbing _____ Heating _____ Other _____

Landlord Name: _____ Landlord Phone #: _____

Are there other occupancies in your building? Yes No

Company to your right: _____ Company on your left: _____

Any losses? Yes No Provide last 3 years of loss runs:

If there are losses, what line of coverage was it on? BOP WC AUTO



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AutoInsuranceQuoteForm

Commercial Autos

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Vehicle Year & Make	Vehicle Identification #	Cost New	Business / Personal / Commercial	Garaged Zip Code

Coverages

Liability:		Uninsured Motorist:		
Comprehensive Deductible:		Collision Deductible:		
Hired/Non-Owned:		Medical Payments:		
Rental Reimbursement:	Towing:	Drive Other Car:		

I hereby authorize the company indicated to obtain from the Georgia Department of Public Safety a copy of my Motor Vehicle Report for the use in rating/and or underwriting Auto Insurance on vehicles which I drive and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use.

Full Name (Exactly what is on your license)	Date of Birth	Drivers License #	State	Signature

Underwriting Questions:

- Any vehicles used by family members? Is so, identify:
Driver's name and license number:
Driver's name and license number:
- Does the applicant obtain MVR verifications? Yes No
- Does the applicant have a specific driver recruiting method?
- Are any drivers not covered by workers compensations? Yes No
- Any vehicles owned but not scheduled on this application? Yes No
- Any drivers with moving traffic violations? Yes No
If yes please explain:

- Total Distance Traveled Daily: 0-50 50-150 150-200 Other _____



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Worker's Compensation Quote Form

General Info

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Liability Limit:	If you have WC deductible on policy give amount:
Additional Locations:	Experience Mod/NCCI Number:

Payroll

Class Codes	Description	# of Full Time Employees	# of Part Time Employees	Annual Payroll
8810	Clerical			
7380	Drivers			
8742	Sales			
8015	Quick Printing			
8800	Addressing & Mailing			
4299	Printing			
8799	Clerical Staff Addressing & Mailing			
	Other:			
	Other:			
	Other:			

Officers

Name	Title	Class code	% of ownership	Included or excluded

Underwriting Questions:

- Are you Certified as a Drug Free Work Place? Yes No
- Do you sub-contract work? Yes No At what percentage? _____%
- Is a written safety/accident program in operation? Yes No
- Does your safety and accident prevention practices include:
 - Accident investigation plan Yes No
 - Active safety committee Yes No
- Any employees under 16 years of age or over 60 years of age? Yes No
- Are employees required to work 15 feet above the ground to perform their jobs? Yes No
- Any seasonal employees? Yes No
- Is there any volunteer or donated labor? Yes No
- To conduct business, do employees travel out of the country? Yes No
- Are employees required to wear personal protection gear?