



Quote Request Information Sheet

Franchises # _____ Federal ID# _____

Years in Business _____ Years of Experience _____

Legal Business Name & All Associated DBA's (List all business operations)

Type of Entity: Individual LLC Corporation Other

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Office Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Current Insurance Carrier: _____ Effective Date: _____

Loss/Claim Information (Please list any and all claims for past 3 years with description, use additional paper if necessary)

Property: _____ Check if none

Auto: _____ Check if none

Liability: _____ Check if none

Workers Comp: _____ Check if none

A) Coverages Requested:

General Liability Inland Marine Property Auto Workers Compensation

B) General Liability: 1) Annual Gross Sales: \$ _____

2) Number of Active Owners / Officers _____ 3) Annual Employee Payroll*: \$ _____
* If new venture, please estimate as this is how your policy is rated.

C) Inland Marine - Workmanship Coverage: (select option)

1) Limit: \$50,000 \$100,000 \$250,000

2) Deductible: \$500 \$1,000 \$2,500

Inland Marine - Equipment/Tools:

3) Scheduled Equipment: \$ _____ (Please provide a list of scheduled item with serial #'s)

4) Deductible: \$250 \$500 \$1,000

5) Miscellaneous Tools: \$ _____

6) Deductible: \$250 \$500 \$1,000

THINGS TO REMEMBER!!!

- Please complete this quote request sheet as completely as possible.
- If you need additional space, please attach a separate piece of paper
- Attach copies of current policies or policy declaration pages.
- Order your loss runs from your current agent and forward those to us once you receive them.
- If you have questions, please do not hesitate to contact us.

8) Location Address: Location address if different than mailing address:

1) Building Value: \$ _____ 2) Business Personal Property Value: \$ _____

3) Construction of Building: _____ 4) Year Built: _____ 5) Square Footage: _____

6) Deductible: \$500 \$1,000 \$2,500

9) Vehicle Information:

1) Are vehicles driven for personal use? Yes No 2) Any drivers under age 25? Yes No

3) Any drivers with violations in the past 3 years? Yes No

If yes, please explain: _____

4) Liability Limits \$500,000 \$1,000,000

5) Medical / PIP Limits \$5,000 \$10,000 State Required Limit

6) Deductible: Comprehensive \$250 \$500 \$1,000 / Collision \$250 \$500 \$1,000

(Use additional sheets if needed)

Year	Make	Model	VIN (required)	Full Coverage?	Cost New

7) Drivers Information required: (Use additional sheets if needed)

Drivers Name	License Number	Licensed State	Date of Birth

Michael Hagan
michaelh@mcgowaninc.com

Casey C. Yovanovitch
caseyc@mcgowaninc.com

355 W. Indiana Avenue, Suite 200
Indianapolis, IN 46204
800-934-2512 - toll free
317-464-5001 - fax
www.mcgowaninc.com

WE ALSO OFFER AUTO, HOME, LIFE, HEALTH AND DISABILITY!