

# SERVPRO® FRANCHISEE INSURANCE PROGRAM

## Property and Inland Marine/Bailees Insurance Quote Request

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

### Contact Information

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Contact Name: \_\_\_\_\_

Franchise Name: \_\_\_\_\_ Franchise Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Date new coverage needs to be effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you want a quote for:  Property Insurance  Inland Marine including Bailees

### Describe Your Business

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Legal Entity:  Corporation  LLC  Partnership  Individual

Years in Business: \_\_\_\_ years Industry Experience: \_\_\_\_ years FEIN#: \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_

Number of Employees: \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Leased

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? . . .  Yes  No

If Yes, please tell us about them: \_\_\_\_\_

### Current Insurance and Claims History

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Current Insurance Company: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_

Have you had any claims submitted to your insurance carrier in the last three years? . . . . .  Yes  No

If Yes, please describe any losses in the last three years; including date of loss, \$ amount and details on a separate page.

Has your policy been cancelled or non-renewed in the last five years? . . . . .  Yes  No

### Property and Coverage Information

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Please tell us about each of your locations .(Use as many pages as necessary.)

Location Number: \_\_\_\_\_ of \_\_\_\_\_

Location Address: Same as the company address? . . . . .  Yes  No

If No, please enter the building address.

Street: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sq .ft .occupied by you: \_\_\_\_\_ sq .ft .

What year was the building built? \_\_\_\_\_

If older than 20 years, please enter the year any updates were made to the building:

\_\_\_\_\_ Rewired      \_\_\_\_\_ Reroofed      \_\_\_\_\_ Replumbed      \_\_\_\_\_ Heater Replaced

Is your building 100% sprinklered? .....  Yes  No

For this building, are you  Owner  Tenant

How many stories? \_\_\_\_\_

Approx .total building sq .ft: \_\_\_\_\_

Are there other businesses in same building? .....  Yes  No

If Yes, please provide a complete description of the other businesses. \_\_\_\_\_

Please check the type of building construction (check only one):

Frame       Joisted Masonry       Non-Combustible       Masonry Non-Combustible       Fire Resistive

What type of burglar alarm does the building have?

None       Local Alarm       Central Station       Inside Enclosed Mall       Security Patrol

What type of fire alarm does the building have?

Smoke Detectors (battery)       Smoke Detectors (hard wire)       Heat Detectors       Fire Extinguishers

**Coverage Requested**

Building Limit (if owner): \$ \_\_\_\_\_

Bailees Limit: \$ \_\_\_\_\_

Contents Limit: \$ \_\_\_\_\_

Using assured pack out software? .....  Yes  No

Scheduled Equipment Limit (schedule required to bind): \$ \_\_\_\_\_

Any single item over \$50K? .....  Yes  No

Deductible (please choose one )

\$1,000       \$2,500       \$5,000

Replacement Cost: \$ \_\_\_\_\_ ACV: \_\_\_\_\_

Would you also like to receive a Commercial Auto Insurance quote? .....  Yes  No

Signature: \_\_\_\_\_

**PLEASE FORWARD A SIGNED COPY OF THE COMPLETED APPLICATION, ALONG WITH ALL REQUIRED DOCUMENTS TO:**

**ServproFranchiseInsurance@marsh.com**