

Request for Quote Business Owners' and Workers' Comp

Send this completed form to NCMI FAX: 866-852-8522 EMAIL: age			9118 Des Mo	bines, IA 50306-9118
OR CALL: 800-394-1466				,
Individual Name				
Practice Name				
Mailing address				
City		State		Zip Code
Practice address is same as maili	ng address. If	not, complete the info	rmation below	W.
Practice Address				
City		State		Zip Code
Business type 🛛 Individual 🛛 🛛	Corporation		\Box Other	
Telephone		Fax		
Email Your e-mail address will never be sold. It				
				24
Gross annual receipts	Perce	ent revenue from Supp	olement sales	s%
Do you have Business Owners' Cove	erage now? □`	Yes □No Do you off	er Yoga Class	ses at your office? □Yes □N
Current carrier		Renewal date	9	
No. of years in business		No. of years in busine	ess at this loc	ation
No. of full-time employees		No. of part-time	e employees	
Building construction	□ Brick	Concrete	□ Other	
Year building was built	No.	of stories:		Sprinklers 🛛 Yes 🗆 No
Are you the owner of the building? [] Yes 🗆 No	If yes, value of building	g \$	_ and year of last updates to:
roof, electrical		, plumbing		_, heating
Square feet of your business				
Value of contents (computers, furnitu	ure, tables, des	sks, artwork, etc.) \$		
Any Claims past 5 years? 🗆 Yes 🛛	No Reason:			Amount Paid \$
Choose a deductible	□\$1,000			
Choose a liability coverage amount	□\$1 millic	on per occurrence/\$2 r	million aggree	gate
		on per occurrence/\$4 r		-
Workers' Comp Insurance				
Total No. of employees		Owners/Officers	included?] Yes 🛛 No
Total annual payroll \$				
Any WC Claims past 5 years? 🗆 Yes				
Please contact me about Auto Ir				
IIC Insurance Services is a full service licensed insurance agency. CA license				

NCMIC Insurance Services is a full service licensed insurance agency. CA license #0B84564. These materials describe in general terms the coverage that may be provided under a policy. Coverage is underwritten on an individual basis. Rates and savings experienced may vary based on individual circumstances. Examine your policy carefully for any exclusions, limitations or conditions that may specifically affect coverage. The terms and conditions of the policy prevail. Also carefully examine your policy to ensure that the coverage provided is appropriate for your business. Note: Workers' Compensation will be quoted at statutory limits.