

Forrest T. Jones & Co., Inc.
1760 Reston Parkway, Suite 303
Reston, VA 20190
Telephone (703) 318-8189; Fax (703) 318-7554

Web site

Company Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____ Date Quote Needed By: _____

☐ Individual ☐ Partnership ☐ Corporation

Are you a new accountant, bookkeeper or auditor (i.e., under 3 years in business)? ☐ Yes ☐ No

If yes, please specify prior business experience: _____

| BUILDING INFORMATION (If Owned) | Loc. #1 | Loc. #2 |
|--|--|--|
| 1. Replacement cost of building | _____ | _____ |
| 2. Sq. ft. occupied | _____ | _____ |
| 3. Sq. ft. you lease or sublease to others | _____ | _____ |
| 4. Construction of building (masonry, frame, etc.) | _____ | _____ |
| 5. Number of stories | _____ | _____ |
| 6. Sprinklered? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Building Age | _____ | _____ |
| a. If over 25 when renovated? | _____ | _____ |
| b. All systems? | _____ | _____ |
| 8. Does your building have: | | |
| a. Two easily accessible masonry enclosed stairwells | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Illuminated exit signs | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Emergency lighting system | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Fire or smoke alarms | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Burglar Alarm System? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

COVERAGE INFORMATION

| | | |
|--|-------|-------|
| Personal Property Values | _____ | _____ |
| Electronic Data Processing Equipment (Computers) | _____ | _____ |
| Electronic Data Processing Software | _____ | _____ |
| Boiler Equipment Coverage | _____ | _____ |
| Valuable Papers & Records | _____ | _____ |

(please continue to next page)

| | | |
|---|-----------------------|-------|
| Accounts Receivable (Reconstruction of Records) | _____ | _____ |
| Leased or Loaned Property/Equipment Value | _____ | _____ |
| Business Income | ACTUAL LOSS SUSTAINED | |
| Extra Expense | ACTUAL LOSS SUSTAINED | |

List all loss payees/mortgagees: (name, address, interest)

LIABILITY

| | |
|--|----------|
| General Liability: \$1,000,000/\$2,000,000 | Included |
| Medical Payments: \$5,000 | Included |
| Fire Damage Legal Liability: \$300,000 | Included |
| Non-Owned and Hired Auto Coverage | Included |

Is Professional Liability or Errors and Omissions Liability Insurance in force?

If yes, with whom? _____ Limits _____

AUTOMOBILE

| | |
|----------------------------------|-------------------------------|
| Combined Single Liability Limit: | \$1,000,000 |
| PIP Limit: | Statutory limit |
| Medical Payments Limit: | \$5,000 |
| Uninsured/Underinsured Limit: | Statutory limit |
| Comprehensive Coverage: | ACV - \$250 deductible (min.) |
| Collision Coverage: | ACV - \$500 deductible (min.) |

1. Are all vehicles listed below titled in the business name? ☐ Yes ☐ No

If no, which vehicles are not and under what name are they titled? _____

2. Are all vehicles used in the course of business? ☐ Yes ☐ No

If no, which vehicles are not and how are they used? _____

3. Do family members have use of company vehicles? ☐ Yes ☐ No

If yes, who are they and what is their relationship to named insured? _____

If yes, are these family members employed by the business? ☐ Yes ☐ No

VEHICLES TO BE COVERED *If you have more than 2 vehicles, please attach information on a separate page*

Vehicle #1

Year: _____ Make & Model: _____ VIN No: _____

Cost New: \$ _____ Name of Title Holder: _____ Where garaged: _____

Vehicle #2

Year: _____ Make & Model: _____ VIN No: _____

Cost New: \$ _____ Name of Title Holder: _____ Where garaged: _____

(please continue to next page)

If vehicles are financed or leased, please list names and addresses below.
Lender/Lessor Name Address

Driver information:

Name: Date of Birth: Drivers License No.: State:

Please include any drivers who frequently use their personal automobiles for business.

Please read and answer the following questions:

All drivers must have the type of license required by their states for the vehicles operated. Please answer the following questions regarding motor vehicle violations occurring in the past three years (unless otherwise noted). If any question below is answered "yes", please specify the driver's name. Thank you.

Has any driver been arrested for:

- driving while intoxicated, or under the influence of alcohol or drugs? [] Yes [] No
- reckless driving or similar violation (e.g., racing)? [] Yes [] No
- for speeds more than 25 mph over the posted limit? [] Yes [] No
- for criminal type convictions (e.g. negligent homicide, manslaughter, hit & run)? [] Yes [] No
- driving without a license? [] Yes [] No
- failure to report an accident or making a false report to authorities? [] Yes [] No

Has any driver had three or more at fault accidents and/or moving violations in the past three years? [] Yes [] No

Has any driver had two or more at fault accidents and/or moving violations in the past 12 months? [] Yes [] No

If "yes" is answered to any of the questions above, please provide name of driver involved.

WORKERS COMPENSATION

Federal tax ID # _____

Please complete, or you may attach a copy of your current policy declarations and classification page.

| State | Job Description | No. of Employees | Annual Payroll |
|-------|-----------------|------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Individuals included/excluded: Please list partners, sole proprietors, executive officers to be excluded from coverage.

1. Name: _____

Title; duties; ownership %: _____

Annual payroll: _____ Included in _____ Job description above

(please continue to next page)

2. Name: _____

Title; duties; ownership %: _____

Annual payroll: _____ Included in _____ Job description above

For more than two individuals, please include this same information on an attached page.

UMBRELLA- GENERAL LIABILITY

Coverage limit desired:

☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ Other _____

Please complete current insurance company information and state of losses.

Property/liability: Please include only property/liability losses and premium information.

Current Carrier _____ Current Premium _____ Expiration Date _____

Date of Loss _____ Description of Loss _____ Claim Amount _____

Workers compensation: Please include only workers compensation losses and premium information.

Current Carrier _____ Current Premium _____ Expiration Date _____

Date of Loss _____ Description of Loss _____ Claim Amount _____

Automobile: Please include only automobile losses and premium information.

Current Carrier _____ Current Premium _____ Expiration Date _____

Date of Loss _____ Description of Loss _____ Claim Amount _____

Umbrella: Please include only liability losses and premium information.

Current Carrier _____ Current Premium _____ Expiration Date _____

Date of Loss _____ Description of Loss _____ Claim Amount _____

Applicant's Signature _____

Title _____ Date _____

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