



FARMERS
BUSINESS INSURANCE

Prospect Name: _____

Renewal Date: _____

Quote for Retail Service

Business Information

Business Name: _____

First Insured Last Name: _____ First Insured First Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Web Address: _____ FEIN: _____ SIC Code: _____

Business Entity: ☐ Individual* ☐ Partnership ☐ Corporation ☐ LLC ☐ Joint Venture
☐ Association ☐ Other

*Are there Personal Lines Policies insured with Farmers? (Yes / No) *Household #: _____

Are there other Commercial policies insured with Farmers (other than Work Comp)? (Yes / No)

In what year did the business start operations? _____

Is this an established business (under the current ownership) with no prior insurance? (Yes / No)

How many years of management experience in this industry does the applicant have? _____

Are there any locations or business interests which are owned by the applicant but not shown on the application? (Yes / No)

How many Property Additional Interests (Mortgagees/Loss Payees/Additional Insured) are required? _____

Is Work Comp also insured with Farmers? (Account completion Credit): (Yes / No)

Include Auto on this Policy? (Yes / No)

Does applicant own any business auto? (Yes / No)

Is Hired/Borrowed Auto Liability desired? (Yes / No)*

* This does not include Hired Car Physical damage

.Is Non-Owned Auto Liability desired? (Yes / No)

Do you want Blanket Coverage to apply to all location's building and/or contents? (Yes / No)

Describe the Business Operations (and Products): _____



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Auto Details:

Are there any vehicles leased to others? (Yes / No)

Is there hazardous cargo or hauling of goods, materials, or commodities that require Department of Transportation signs or lettering? (Yes / No)

Are there any hold harmless agreements required? (Yes / No)

Are there Courtesy Vehicles? (Yes / No)

Are there Public Transportation Exposures - other than Courtesy vehicles? (Yes / No)

Are there Specialty uses or is there sponsoring of Special Events? (Yes / No)

Are there any oversized, overweight or unstable loads? (Yes / No)

Are any vehicles used for the following? ☐ None

☐ Garbage and Recycling ☐ Ice Cream Vendors ☐ Door to Door Sales

Are there high-valued goods, including merchandise subject to theft? (Yes / No)

Are there any Vehicles that have Permanently Mounted Special Equipment? (Yes / No)

Are there any vehicles that have been Customized, Altered, or that have Special Equipment? (Yes / No)

Policy Level Underwriting:

Is this business a franchise? (Yes / No)

Is this a home based Business? (Yes / No)

Prior Carrier Information (Additional Information can be placed in Notes Section)

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____



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Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ____ / ____ / ____ Amount Paid: _____ Reserves: _____

Description: _____

Has the applicant had any Business Insurance Policy cancelled in the last 3 years? (Yes* / No)

*Why?: _____

(Please collect up to 5 years of Loss Runs)

Policy Details

Number of Locations: _____ Number of Buildings: _____

Year Built: _____ Territory: _____

Building Amount: _____ Contents Amount: _____

Location Deductible: _____ Wind / Hail Deductible: _____ (W/H States Only – TX, MN, SD, NE, & CO)

Liability Limit: _____ Tenant Improvement and Betterment: _____

Building Functional Value: (Yes / No) Commercial Condo: (Yes* / No)

*Unit Owners Coverage: (Yes / No) * Territory: _____

Construction:

☐ Frame ☐ Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible ☐ Modified Fire Resistive ☐ Fire Resistive



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Roof Type:

☐ Shake ☐ Tile ☐ Composite ☐ Flat-Rubber ☐ Flat-Thermoplastic ☐ Built-up Bitumen
☐ Built-up Modified Bitumen ☐ Built-up Tar-Gravel ☐ Other

Fire Sprinkler System: (Yes / No) Number of Stories: _____

Total Annual Receipts: _____ Liquor Receipts: _____

Total square footage occupied by Insured? _____

Number of part-time employees at this location: _____ Number of full-time employees: _____

What are the regular daily hours of operation at this location?

Open: _____ (am / pm) Close: _____ (am / pm)

When did this Business start operations at this location? ____ / ____ / ____

Total Square Footage Occupied by Insured: _____

What percentage of the building is vacant or unoccupied? _____

Is more than 25% of the building is occupied by others? (Yes / No)

Additional Questions

Building Improvements / Renovations at this Location:

Has the building undergone a comprehensive renovation since it was originally built? (Yes / No)

(Comprehensive renovation means complete gutting to the exterior walls with completely new interior walls, plumbing, heating, wiring and roof.)

Enter renovation date: ____ / ____ / ____

Wiring Year: _____ Roofing Year: _____ Plumbing Year: _____ Heating Year: _____

Indicated the type of alarm at this location: ☐ None ☐ Local ☐ Central Station ☐ UL with Certificate

Is the applicant responsible for maintaining the parking lot? (Yes / No)

Does the applicant conduct video surveillance at this location? (Yes / No)

Building Cost Estimator

Basement: ☐ None ☐ Finished ☐ Partially Finished ☐ Unfinished ☐ Parking on First Level

Ground Floor Area: _____



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Auto Coverage Section
Driver Information

- 1.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)
- 2.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)
- 3.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)
- 4.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)
- 5.) First Name: _____ Last Name: _____ DOB: ____/____/____
Drivers License Number: _____ State of License: _____ International License: (Yes / No)

Vehicle Information (*Required for Medium to Heavy Truck)

- 1.) Make: _____ Model: _____ Year: _____ Body Type: _____
Vehicle Type: _____ VIN: _____ Radius: _____
Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)
Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)
Use: (Service / Retail / Commercial)

*Secondary use: ☐ Contractor (other than Dump Trucks) ☐ Farmers ☐ Dump and Transsit Mix Truck and trlrs

☐ Food Delivery ☐ Logging and Lumbering ☐ Specialized Delivery ☐ Truckers ☐ Waste Disposal

☐ Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

- 2.) Make: _____ Model: _____ Year: _____ Body Type: _____
Vehicle Type: _____ VIN: _____ Radius: _____
Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)
Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)



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Use: (Service / Retail / Commercial)

*Secondary use: ☐ Contractor (other than Dump Trucks) ☐ Farmers ☐ Dump and Transsit Mix Truck and trlrs

☐ Food Delivery ☐ Logging and Lumbering ☐ Specialized Delivery ☐ Truckers ☐ Waste Disposal

☐ Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

3.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: ☐ Contractor (other than Dump Trucks) ☐ Farmers ☐ Dump and Transsit Mix Truck and trlrs

☐ Food Delivery ☐ Logging and Lumbering ☐ Specialized Delivery ☐ Truckers ☐ Waste Disposal

☐ Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

4.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: ☐ Contractor (other than Dump Trucks) ☐ Farmers ☐ Dump and Transsit Mix Truck and trlrs

☐ Food Delivery ☐ Logging and Lumbering ☐ Specialized Delivery ☐ Truckers ☐ Waste Disposal

☐ Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)



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5.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: ☐ Contractor (other than Dump Trucks) ☐ Farmers ☐ Dump and Transsit Mix Truck and trlrs

☐ Food Delivery ☐ Logging and Lumbering ☐ Specialized Delivery ☐ Truckers ☐ Waste Disposal

☐ Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

Other Policy Lines:

Workers Compensation Company: _____ X-Date: ____ / ____ / ____

Umbrella Company: _____ X-Date: ____ / ____ / ____

Employment Practices Company: _____ X-Date: ____ / ____ / ____

Pollution Liability Company: _____ X-Date: ____ / ____ / ____

Business Life Company: _____ X-Date: ____ / ____ / ____

Personal Lines Company: _____ X-Date: ____ / ____ / ____

Notes:
