

OMNI Group Office Package Quotation Form

Contact Person	Office Phone No.	Fax No.
Contact Person's Email Address		
Company Name	Business Structure (LLC, S Corp, C Corp, etc.)	Federal ID Number (FEIN)
Multiple Locations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address		
City	State	Zip
		County
Current Carrier	Policy #	Renewal/Expiration Date

Please complete the information requested below (one form for each location):

Location Address _____ Suite # _____ City _____ State _____ County _____

Number of years in business: _____ Number of years experience in field?: _____

Number of full time employees: _____ Number of part time employees: _____

Value of office contents: \$ _____
(Professional equipment, furniture, computers, etc. - based on replacement cost)

Does the firm or practice own the building? Yes No
If Yes, provide building replacement value: \$ _____

Are you a condominium unit owner? Yes No

Have you had any claims in the past three years? Yes No If, Yes, give details on back.

Burglar Alarm <input type="checkbox"/> None <input type="checkbox"/> Yes, type: <input type="checkbox"/> within building <input type="checkbox"/> monitored	<u>Construction Type</u> (check one) <input type="checkbox"/> Brick veneer
Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Non-combustible
Year Built _____ # of Stories _____ Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Frame (Wood)
If over 20 years old, date renovated/upgraded _____	<input type="checkbox"/> Fire resistive (masonry walls, metal/concrete floors)
Wiring _____ Roof _____ Plumbing _____ Heat/Air _____	<input type="checkbox"/> Masonry, non-combustible
Other Occupants (if any) _____	<input type="checkbox"/> Masonry, non-combustible with wind resistant roof
Square footage you occupy _____	<input type="checkbox"/> Joisted masonry
Located within 1,000 ft. of a body of water? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other _____
Required to have flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Deductible Requested: \$250 \$500 \$1,000 \$2,500 Other _____

Please indicate any increase in coverage amounts desired for the following items:

Accounts Receivable: \$ _____ Valuable Papers & Records: \$ _____

Quote Employee Benefits Liability: _____ Quote EPLI: _____

Employee Dishonesty: \$ _____ General Liability: \$ _____

Non-owned/hired auto liability Yes No **Pension or Profit Sharing Plan** Yes No

OMNI Group Office Package Quotation Form

Continued

CRIME QUESTIONAIRRE

1. Is there exterior lighting in front/back? Yes No
2. Is there wire mesh or bars on doors/windows? Yes No
3. Exterior doors: double-cylinder dead bolt locks? Yes No
4. Is there a safe on the premises? Yes No
5. Type of alarm: Local Central Station None
6. If alarm, is the alarm system UL Certified? Yes No
7. How frequently are deposits made? _____
8. Maximum amount of money on premises overnight \$ _____
9. Number of employees _____

HIRED NON-OWNED VEHICLES

1. Does insured own or long term lease any vehicles? Yes No
 2. Do employees use their own vehicles on company business? Yes No If Yes, describe use below.
-

ADDITIONAL QUESTIONS

1. Is insured open 24 hours? Yes No If No, provide hours of operation _____
2. Does insured operate any other business or own any property other than the described premises? Yes No
3. If lessor or commercial condo, describe occupants below.

4. Are all buildings less than 30 years of age? Yes No If No, describe each below.

5. Any exposing property within 60 feet of applicant's property? Yes No If Yes, describe fully below.

6. What percent of sales is from the internet? _____
7. At any location does applicant both occupy a portion of the premises and lease 50% or more to others? Yes No