



RISK QUALIFICATION FAX FORM

TO: **Mid Atlantic Insurance Services**
 FAX: **804/377-1169** TODAY'S DATE: _____ PROPOSED EFF DATE: _____
 YOUR NAME: _____ EMAIL ADDRESS: _____
 AGENCY NAME: _____
 STREET ADDRESS: _____ CITY/STATE/ZIP: _____
 AGENCY PHONE #: _____ AGENCY FAX #: _____

APPLICANT'S NAME: _____ BUSINESS PHONE #: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ COUNTY: _____ FED ID#: _____

BLDG. CONSTRUCTION: _____ TOTAL BLDG VALUES: _____ TOTAL CONTENTS: _____

EST. ANNUAL PAYROLL: \$ _____ EST ANNUAL SALES/RECEIPTS: \$ _____

DESCRIBE ALL OPERATIONS:

YEARS IN BUSINESS: _____ YEARS AT THIS LOCATION: _____

CURRENT INSURANCE COMPANY NAME: _____ CURRENT PREMIUM: _____

COMPANY YOU WOULD LIKE QUOTED: _____

EXPERIENCE MOD FACTOR (IF ANY): _____

NUMBER OF LOSSES IN LAST 3 YEARS: _____ 3 YEAR AVG LOSS RATIO: _____

LINES OF COVERAGE YOU WOULD LIKE QUOTED: _____

LESSOR'S RISK: PROVIDE OR ATTACH LIST OF TENANTS/OCCUPANTS BY TYPE OF OCCUPANCY:

(AGENTS- PLEASE DO NOT WRITE IN THE SPACE BELOW)

- ____ SEND FULLY COMPLETED ACORD APPS
- ____ SEND ACORD INLAND MARINE APPS
- ____ SEND ACORD BUILDERS RISK APPS
- ____ SEND ACORD UMBRELLA APPS
- ____ SEND HARD COPY LOSS RUNS
- ____ SEND PHOTOS - FRONT & REAR

COMMENTS: _____

*****PLEASE DO NOT FAX APPLICATIONS WITH THIS FORM***
 PLEASE INCLUDE A COPY OF THE "APPROVED" FORM WITH YOUR SUBMISSION
 THANKS FOR LETTING US SERVE YOU!**