DAIGLE & **ASSOCIATES** *QUICK QUOTE QUESTIONAIRE* DATE_____

AGENCY_____**PHONE #**_____

CONTACT PERSON_____**FAX #**_____

INSURED_____**EX-DATE**_____

NAMES OF PRINCIPALS_____**Soc. Sec. #**_____

ADDRESS_____

TYPE OF BUSINESS_____**YRS EXPER**_____**YRS IN BUSINESS**_____

PRIOR CARRIER_____**DOES AGENT KNOW PERSONALLY?**_____

CURRENT RATE & DEDUCTIBLE_____**WC exp mod**_____

WHAT OTHER COVERAGES DO YOU WRITE?_____

PRIOR LOSSES (LAST 5 YEARS)PROVIDE DETAILS_____

_____**OVERALL ACCT LOSS EXPER**_____

MAINTENANCE PROGRAM IN PLACE?_____**PROVIDE DETAILS**_____

OVERALL FINANCIAL CONDITION/NET WORTH_____
AGENT'S RECOMMENDATION:

IMPORTANT - PLEASE READ!!!
COMPLETE INFORMATION IS REQUIRED <u>BEFORE</u> BINDING COVERAGE TO INCLUDE SERIAL NUMBERS, LOSS PAYEES AND COMPLETE DESCRIPTIONS OF UNITS. **REQUIREMENT -** ***ACCOUNTS WHICH INCLUDE INDIVIDUAL UNITS WITH LIMITS EXCEEDING 100,000 - LOSS RUNS OR LOSS LETTERS*** **MUST BE SUBMITTED.**

UNIT #	*YEAR*	*MAKE & MODEL*	*SERIAL NUMBER*

UNIT #	*LIMIT OF INSURANCE*	*DEDUCTIBLE*	*RATE*	*PREMIUM*

UNIT #	*LOSS PAYEE INFO*