



Fax completed form to (562) 252-8711 Or e-mail to quotes@driscoll*insured*.com

I am interested	in: improving broker service	🗆 cost savi	ngs 🛛 🗆 improvi	ng carrier quality	□ other		
I am interested	in a price comparison for: □ Gro	up Health	□ Business Auto	Employment Pr	actices 🛛 Ger	neral Liab	oility
BUSINESS PROF	ILE						
			GENERAL INFORMATION (check if answer is YES)				
Company Name			Does Your Business Own, Operate, or Lease Aircraft/Watercraft?				
				ure to Flammables, Exp			es?
				Performed Underground			
Business Address			□ Any Work Performed on Barges, Vessels and/or Docks?				
			□ Are Owner	s Engaged In Any Othe	r Type of Busines	is?	
Contact Name			□ Are Subcontractors Used? If So What %?				
				l Safety Program In Op			
Phone	Fax			Transportation Provide			
				ees Travel Out of State		tes?	
E-mail			Do Any Employees Reside Outside of California?				
			Coverage Declined/Cancelled/Non-renewed Last 3 Years?				
				th insurance? Carrier _			
Years in Business Under Current Ownership Years Experience			Belong to any trade associations? Name				
			□ Any compa	iny vehicles? # of vehic	cles # of	drivers	
Federal I.D. Numbe	er		EMPLOYEE PA	ROLL (exclude owner	s)		
Multiple Locations?	□ Yes □ No		CLASS CODE	ESTIMATED PAYROL	L	# FT	# P1
Web site:							
Please indicate type	e of Entity: □ Sole Proprietor □ P	artnership					
□ Corporation	□ Limited Liability Company	ununership					
		Title		% of Ownership	Exclude	le from Coverage?	
					□ Yes	□ No	
					_ □ Yes	□ No	
					_ 🗆 Yes	□ No	
WORKERS' COMI	PENSATION COVERAGE HISTOR	ſ					
Renewal date? _	Experienc	e Mod					
Policy Year	Insurance Company	<u>Poli</u>	cy Number	A	nn. Premium	<u># of C</u>	<u>laims</u>
Current							
1st Prior							
2nd Prior							
3rd Prior							
Please <u>attach loss ł</u>	nistory or sign below granting us aut	norization to ord	er loss runs on you	ır behalf.			
X Owner/Officer S	Sionature			Title			
	Driscoll & Associates Insurance Servi	ces to utilize mu	signature image (der "loss runs" or	n my heha	lf

I hereby authorize Driscoll & Associates Insurance Services to utilize my signature image (as located above) to order "loss runs" on my behalf. Driscoll & Associates Insurance Services will generate letters requesting "loss runs" from my insurance companies and will utilize my signature when submitting those requests. Driscoll & Associates Insurance Services is not authorized to utilize my signature except for requests to obtain these specific documents. Driscoll & Associates Insurance Services will not contact my current broker/agent.

Please note: "Loss runs" are necessary to market your account and will in no way affect the coverage you currently have in place.