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 quotes@primeis.com

**DEATH,
 DISABLEMENT,
 DISGRACE**

Date: _____

Proposed effective/target date: _____

A. General Information

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Best phone number for contact: _____ Fax: _____

Detailed description of usual business of applicant: _____

Do you have any contract requirements? (If yes, please attach a copy) Yes No

Outline the type of contracts applicant is looking to cover: _____

Details of the person(s) to be insured?

Name	Age	Relationship status (single/married/divorced)	Legal - please outline any offenses, charges, allegations, convictions	Medical – please outline any physical, psychological, or other medical conditions

Outline social media/web/media presence: _____

B. Insurance History

Why are you seeking new coverage?: _____

What is the target premium?: _____

Is your current insurance carrier offering a renewal quote? Yes No

If yes, what is the premium offered?: _____

If no, is there a reason they are not offering a renewal?: _____

Current coverage and company information (provide current and previous insurance companies that have provided insurance for the last three years):

Insurance company name			
Expiration date			
Coverage			
Limits			
Annual premium	\$	\$	\$

Have you ever filed a claim?

Yes No

If yes, please provide the following information:

Policy term (beginning and end dates), paid claims, reserved claims, total incurred claims

Attach/upload a currently valued five-year loss/claims history, including details such as circumstance and extent of injury/damage. Also, include how you are mitigating future claims. (If unable to upload will need a detailed summary in order to provide valid indication).

Policy term		Total incurred claims
From	To	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	

Are you aware of any incident, event, occurrence, or loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier? Yes No

If yes, please explain: _____

C. Desired Insurance

Death Disablement Disgrace

Please select all that apply for contingency insurance

- Commercial Property \$ _____ Actual Cash Value \$ _____ Loan Value
- Personal Property \$ _____ Actual Cash Value \$ _____ Loan Value
- Business Loan \$ _____ Actual Cash Value \$ _____ Loan Value
- Personal Loan \$ _____ Actual Cash Value \$ _____ Loan Value
- Business Contract _____
- Other _____

Please provide the copy of the contract, current loan value and the amortization/payment schedule.

Financials may be requested from applicant.

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000 Other: _____

Contractual Liability: Describe any and all hold harmless agreements (dates, contracting party, cost, etc.) and attach a copy of each contract: _____

Risk Management: Please provide details surrounding the risk management plan in place (include risk manager contact): _____

Please attach any additional helpful information.

****Supplemental questions and a discussion call with the insured will be required for formal terms****

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant: _____

Agent/Broker: _____

Signature: _____

Signature: _____