

Salt Lake City Area Office 8722 S. Harrison St. Sandy, UT 84070 P.O. Box 4439 Sandy, UT 84091 800-257-5590 • Fax 800-478-9880	Naples Office 700 11 th Street South, Suite 201 Naples, FL 34102 800-257-5590 • Fax 800-478-9880	Chicago Office 1 S. Dearborn Street, Suite 800 Chicago, IL 60603 800-257-5590 • Fax 800-478-9880	Philadelphia Area Office 690 Stockton Drive, Suite 100 Exton, PA 19341 800-257-5590 * Fax 800-478-9880
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Please note we do not accept submissions more than 30 days from expiration. Feel free to give us an initial call to discuss at 877.243.8181.



Send all new submissions to: quotes@primeis.com

Risk Summary:

RISK BUSINESS NAME: _____

City/State: _____ **Direct Phone Number:** _____

1. When is quote needed by? _____ Effective/Target date? _____ Years in Business? _____
2. Why are they shopping? _____
3. Narrative of the operation/risk: _____
4. What coverage are you having difficulty placing? _____
5. Current coverage premium? _____ Limits? _____
6. Target premium? _____
7. Claims Summary below. Attach separately currently valued hard copy (within 45 days) 5-year loss history (if applicable) with claim details: circumstance, extent of injury/damage. Include how they are mitigating future claims.
Summarize totals below for the number of years they have been in business.
 - a. 2020 - 2021: _____
 - b. 2021 - 2022: _____
 - c. 2022 - 2023: _____
 - d. 2023 - 2024: _____
 - e. 2024 - 2025: _____
8. Are they being offered a renewal quote? _____ If yes, what are limits/premium? _____
9. Any contractual requirements? _____ If so, please attach copy.
10. Are they being non-renewed/cancelled? _____ If so, why? _____
11. Are other markets offering terms? _____ If yes, what are terms: premium/limits? _____
12. If not, why?

Our definition of a complete submission includes:

- ☐ Our team will not look at anything more than 30 days out from desired effective date
- ☐ Completed Supplemental Application/Acord Application/XINSURANCE Application
- ☐ Loss Runs (Currently valued within 45 days matching number of years in business). 5 years if applicable
- ☐ Personal Lines require a CLUE report or Statement of Losses
- ☐ Completed Risk Summary
- ☐ Any Contractual Requirements – provide a copy
- ☐ Auto MVRs on single unit risks or New Ventures; (MVRs are required during the quote process if not provided originally)
- ☐ Property: SOV for all buildings/structures

Note: As a solutions-based broker we are very successful with risks that are having a difficult time finding the correct coverage. Please keep in mind, understanding why the business is coming to us and what coverage they are looking for is extremely helpful. To formalize quote terms, we require a call with the insured owner / decision-maker; we encourage agents/brokers to join. This call gives us the opportunity to assess the insured's partnership commitment and details of their operation.

XINSURANCE is a DBA of Evolution Insurance Brokers, LC ("EIB"), an excess and surplus lines insurance brokerage which is domiciled in and has its principal place of business in Sandy, Utah. This insurance product is offered by an unlicensed surplus lines insurer. The NPN for EIB is 5464658 and CA license number is 0H93938.