

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<sup>th</sup> 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

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](mailto: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. 2021 - 2022: \_\_\_\_\_
  - b. 2022 - 2023: \_\_\_\_\_
  - c. 2023 - 2024: \_\_\_\_\_
  - d. 2024 - 2025: \_\_\_\_\_
  - e. 2025 - 2026: \_\_\_\_\_
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.