THE BROKERAGE

THE BROKERAGE STORE, INC.

FAX-A-QUOTE

Type of Proposal(s) Requested: ☐ Occupational Accident Only
☐ Occupational Accident w/Legal
☐ Employer's Excess Indemnity

4114 Pond Hill Rd., #100 San Antonio, TX 78231 (210) 366-4800 **♦** (800) 366-4810 Fax: (210) 366-1388

Please fax or e-mail this completed form with 3 years loss history to: Rochelle Delgado at The Brokerage Store, Inc. Fax # (210) 366-1388 Email: rochelle@thebrokeragestore.com

Audroress	Applicant Name					Requ	Requested Effective Date		
Number of years in business: Tax IDB Date of workers' comp or occupational acident coverage ever been canceled, refused or non-renewed?	Address			CITY		ST ZIP_	Nature of Busine	ess	
Has worker's comp or occupational accident coverage ever been canceled, refused or non-renewed?					comp cov				
Business Type: Corporation Partnership Other: is applicant subject to LPG or TADOT Regulations? Yes No. Within what radius does applicant haul?	-								
sa applicant subject to LPG or TxDOT Regulations? Tves No. Within what radius does applicant handl?	If Yes, please exp	plain:		-					
sapplicant subject to LPG or TxDOT Regulations? Yes No. Within what radius does applicant hand?: Does applicant handle, store, or engage in transport of hazardous materials (including but not limited to explosive, caustic, poisonous or flammable materials)? Yes No. If Yes, please explain: Please specify commodities haulet: Ple	Business Type:	☐ Corporation [☐ Partnersh	nip Other:					
Does applicant handle, store, or engage in transport of hazardous materials (including but not limited to explosive, caustic, poisonous or flammable materials) Yes No. If yes, please explain:						lius does applicant haul?	:		
Please specify commodities hauled: What percentage of loads are manually loaded or unloaded (<i>use 0% if no manual (un)loading</i>)? % Loaded % Unloaded Does applicant perform any work at heights over 24 ft.? □ Yes □ No. If Yes, please explain: Are Owners, Officers or Partners to be covered? □ Yes □ No. Are any affiliate companies to be covered? □ No. If yes, please provide Legal Name, Address and number of employees at each location. # of Full-Time # of Part-Time	Does applicant h	andle, store, or	engage in t	ransport of hazardous materia	als (includi	ing but not limited to expl			
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EES 1099 EES 1099 Classification Code (Including Tips) Classification or Description Code Code Classification or Description	Are Owners, Office	cers or Partners	to be cove	red? □Yes □No. Are any				please provide Legal	
Subrogation?									
Subrogation?									
Subrogation?									
Subrogation?									
Current Worker's Comp or Accident Premium: Yes									
Current Worker's Comp or Accident Premium: Yes					<u> </u>				
Benefits to be Quoted: LIMITS VARY BY PRODUCT. PLEASE CALL FOR OTHER OPTIONS. CSL Benefit:	• •					Total Payroll \$ Waiver of			
Deductible:	Current Worker's	Comp or Accid	ent Premiur	m: \$	Occupa	tional Disease & Cumula	tive Trauma? Yes	□ No	
St. 100,000 - \$1,000,000 CSL (\$1,000 - \$500,000 deductible) (\$1,000,000 to \$5,000,000 Limits available)	Benefits to be Q	uoted:	LIM	IITS VARY BY PRODUCT. PLEAS	SE CALL FO	OR OTHER OPTIONS.			
Please submit 3 years (hard copy) current valued loss history: Valuation Date of loss information: Year Carrier Total Losses Description of Each Loss in Excess of \$5,000 (Use separate sheet if necessary) 1. Has this applicant (or affiliate) been in the Texas Workers' Compensation System in the last 3 years? If yes, have they had an experience modification factor of 1.50% or higher? 2. Has the applicant (or affiliate) ever had an Employer's Liability claim? 3. Has the applicant (or affiliate) ever had an Occupational Disease (e.g. Black Lung, silicosis, lead poisoning, cancer, etc.) or Cumulative Trauma (e.g. carpal tunnel, stress, etc.) claim? 4. Does the applicant have Employer's Excess Indemnity coverage? Carrier Name: 5. In the last 5 years, have you been issued any OSHA citations? 1 Yes No 14 He answer to #2, #3 or #5 is YES, please give a complete descriptions, dates, and amounts of claims on a separate sheet. Agent and Applicant hereby acknowledge that: (a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insure will rely solely on the information provided in this Fax-A-Quote, along with any attached data, in considering whether to provide the requested insurance coverage; and (c) this Fax-A-Quote shall become a part of the Policy should coverage be bound. Agent: Phone: Address: Fax:		00,000 CSL)		Deductible:	uctible)	Excess Limits:	\$5,000,000 Limits avail	lable)	
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Total Losses Description of Each Loss in Excess of \$5,000 (Use separate sheet if necessary)									
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