



One Call For All Your Personal and Business Insurance Needs

Dear Potential Applicant:

Thank you for your interest in Burak Insurance Solutions and our expertise in obtaining the most competitive insurance quotes in the industry for the Georgia market. We know how important it is to have the best value for your insurance products.

Please complete the form provided on the following page at your convenience. After completion, please print and fax this form to 770-521-1420. We will review this form for completeness and contact you for any additional information needed to acquire the best quotes.

Again, we thank you for interest and look forward to serving you in the future.

Sincerely,

Frederick L. Burak

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BUSINESS INFORMATION

1. The information gathered in this form is for the purpose of obtaining a commercial general liability and/or workers compensation insurance quote.
2. Answer all questions completely and accurately.
3. Do not cancel your existing coverage.

Company Name		Tax ID Number	
Street Address	City	State	Zip Code
Contact Person Name		Title Owner	
Office Phone	Fax Phone	Cell Phone	
E-mail Address		Multi-Locations (how many?) <input type="checkbox"/> yes <input type="checkbox"/> no	
Location 2 Address		How many employees at this address?	
Type of Organization <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> PC <input type="checkbox"/> Independent Retailer			
Nature of Business		Years in Business	Industry SIC Code
Current General Liability Carrier		Policy Number	
Current Workers Compensation Carrier		Policy Number	

What type of liability insurance coverage do you need?

- Liability – How much? (check those to quote) \$100,000 \$300,000 \$600,000 \$1 million \$2 million
- Products completed - where you manufacture, assemble or install: Include Exclude Quote both
- Performance Bond – How much? 100K 250K 500K 1 Million Other specify: _____
- Garage Liability Amount – How much? (specify): \$ _____
- Total annual payroll: \$ _____ Annual Sales: \$ _____
- Building – How much value? (specify): \$ _____ Building use: _____
- Building Age: _____ Sq. Ft: _____ Alarm? yes no Monitored? yes no
- Sprinkler system? yes no
- What is the building made of? (check one): wood brick stone metal
- Contents – How much: \$: _____

Auto Coverage – how many _____ Trailer Coverage – how many _____

Check Vehicle And/Or Trailer Coverage Desired:

50/100 100/300 250/500 500 single limit umbrella Uninsured Motorist Amount \$ _____

Loss of use Med payments: Airbags: Driver Only Both Driver and Passenger

Antilock brakes

Driver Name	Social Security #	Driver License #/St.	Vehicle Year/Make/Model	Weekly Miles

Number Of Drivers over 25: _____ Number of Drivers under 25? _____

Coverage for portable tools/equipment? yes no How much? _____

Umbrella Policy? yes no How much? \$ _____

Have there been any accidents or claims in the past 3 years (explain):

Do you need workers compensation coverage?

Yes No What limits? (check for quotes) 100K \$500K \$1 million specify your need: \$ _____

Number of employees? Does everyone do the same job? yes no (if no, split payroll?)

Do you use subcontractors? Yes No If yes, are they all insured with insurance certificates? Yes No

Is there a possibility you may use subcontractors that do not have insurance? Yes No

NCCI risk number: _____ (9 digit # located on your current workers compensation policy)

Have you had any claims or losses of any kind in the last 3 years? yes no

Provide current policy declaration page which includes cost by code with breakout
Provide NCCI experience rating page (optional, but helpful)

Provide loss runs for past three years as provided by current insurer or carrier, valued within the last 90 days. Explain large losses in excess of \$25,000 an commentary on losses marked for subrogation.