



Request for Quote

Contact Name: _____

Company Name: _____

Corporation LLC Individual Partnership Non-Profit

Other _____

Brand or Label: _____

E-Mail: _____ Phone: _____

Website: _____

Mailing Address: _____

Management

Years in business: _____ New Venture Home based business

Describe business experience in this industry: _____

Does applicant currently carry Insurance? Yes No

Expiration Date _____ Carrier _____

Any prior insurance claims or losses submitted to insurance past 4 years? No

Yes, date and amount: _____

Any prior bankruptcy No Yes If yes, when: _____

Products: check all that apply

Womens Mens Kids 1-6x Infant NB-24m Sleepwear Intimates

Street Licensed Accessories _____ Other _____

Gross Sales Estimate: \$ _____

Business: check all that apply to your operation

Wholesale Retail Manufacturer Own brand/label Other's brand/label

Design Cut & sew on premises: Number of sewing machines _____

Production: Production on premises USA contractors foreign contractors

Shipping: Own vehicles Common carriers Fulfillment warehouse / service

ISU INSURANCE SERVICES—KULCHIN ROSS AGENCY dba: Apparelinsurance.com

18757 Burbank Blvd., #104, Tarzana, CA 91356 License OH64840

818-996-0900 / Fax: 818-479-9779 / Bill@Apparelinsurance.com

Liability Insurance needs General and Products Liability \$1,000,000 each occurrence / \$2,000,000 aggregate Higher limits of Liability \$ _____

Gross Sales Estimate (required for liability quote): \$ _____

Additional Insureds Vendors Name Address: _____
_____ Licensors Name & Address: _____
_____ Landlord Name & Address: _____
_____**Other Insurance needs** Inventory & Equipment (Please complete Page 3) Business Income & Extra Expense (Please complete Page 3) Workers' Compensation (Please complete our Workers Compensation supplemental) Domestic Transit \$ _____ (Per Shipment limit) Ocean or Air Transit \$ _____ (Per Shipment limit) Employment Practices Liability Group Medical Group Dental Group Life Money Coverage / Crime Insurance \$ _____ Fine Arts: \$ _____ Describe: _____**Signature & Date**_____
Applicant's Signature_____
Date

Disclaimer: This document is a request for quote or estimate. No insurance coverage is bound or implied by this document. By signing this document, applicant deems information provided to be true and accurate to the best of their knowledge.

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Property Insurance supplement

Location 1

Address: _____

Premises – Year Built: _____ Masonry or concrete Woodframe Other _____

Central Station Burglar Alarm Fire sprinklers Fire Alarm

Square Footage _____ What Percentage of entire building do you occupy? _____%

Describe other occupancies in building _____

Surveillance cam system Other Protection (24/7 guard, patrol, etc) _____

Home based business If yes, where is inventory stored? _____

Property Insurance needs

Inventory & Equipment: \$ _____ (Replacement Cost amount)

Business Income & Extra Expense: \$ _____

Sales Samples: \$ _____ (Replacement Cost amount)

Building / Real Property: \$ _____ (Replacement Cost amount)

Location 2

Address: _____

Premises – Year Built: _____ Masonry or concrete Woodframe Other _____

Central Station Burglar Alarm Fire sprinklers Fire Alarm

Square Footage _____ What Percentage of entire building do you occupy? _____%

Describe other occupancies in building _____

Surveillance cam system Other Protection (24/7 guard, patrol, etc) _____

Home based business If yes, where is inventory stored? _____

Property Insurance needs

Inventory & Equipment: \$ _____ (Replacement Cost amount)

Business Income & Extra Expense: \$ _____

Building / Real Property: \$ _____ (Replacement Cost amount)