



Quote Request Form



AGENCY INFORMATION					INSURED INFORMATION				
Name					Name				
ATTN:					Street				
Street					City, State, Zip				
City, State, Zip					Email				
Email					Phone				
Phone					FEIN/TIN/SSN				
					Is the insured in receivership or bankruptcy? Yes No				

POLICY INFORMATION														
	Policy Number	Effective Date	Term (Mos.)	Type of Policy	Insurance Carrier	Intermediary Broker (if applicable)	Intermediary Broker City (if applicable)	MEP %	Subject to Audit? (Y/N)	Days to Cancel (Insured's Req.)	Base Premium	Taxes	Fees	Total
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
													TOTAL	

Are any policies loss sensitive or retrospectively rated?	Yes	No
If auditable, are policies auditable on an annual basis?	Yes	No
Do any property/wind policies have any provisions that cause them to earn at an accelerated rate? <small>(e.g. 80% or 100% earned at the commencement of hurricane season due to a catastrophe minimum earned premium endorsement)</small>	Yes	No

COMMENTS / REQUESTS

Submit Quote Requests to hub@afco.com
or Simply Click Submit Button: