



# Quote Request Form



| AGENCY INFORMATION |                               |  |  |  | INSURED INFORMATION  |  |  |  |  |
|--------------------|-------------------------------|--|--|--|--|--|--|--|--|
| Name               | JLT Specialty USA             |  |  |  | Name   |  |  |  |  |
| ATTN:              |                               |  |  |  | Street   |  |  |  |  |
| Street             | 5851 Legacy Circle, Suite 600 |  |  |  | City, State, Zip   |  |  |  |  |
| City, State, Zip   | Plano, TX 75024               |  |  |  | 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                 |               |                |             |                |                   |                                     |  |       |                         |                                 |              |       |              |       |
|                    |               |                |             |                |                   |                                     |  |       |                         |                                 |              |       | <b>TOTAL</b> |       |

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

**COMMENTS / REQUESTS**

Submit Quote Requests to or Simply Click Submit Button:  
 Email: [Dallas@afco.com](mailto:Dallas@afco.com) | Fax: 800-786-7695  
 For assistance submitting Quote Requests:  
 Toll-free Telephone: 800-288-5960