



# Quote Request Form



AGENCY INFORMATION				INSURED INFORMATION			
Name	JLT Specialty USA			Name			
ATTN:				Street			
Street	555 West Fifth Street, Suite 670			City, State, Zip			
City, State, Zip	Los Angeles, CA 90017			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? (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: [SanDiego@afco.com](mailto:SanDiego@afco.com) | Fax: 800-786-7549  
 For assistance submitting Quote Requests:  
 Toll-free Telephone: 800-288-7920