



# Quote Request Form



AGENCY INFORMATION					INSURED INFORMATION				
Name	JLT Specialty USA				Name				
ATTN:					Street				
Street	30 South 17th Street, 17th Floor				City, State, Zip				
City, State, Zip	Philadelphia, PA 19103				Email				
Email					Phone				
Phone					FEIN/TIN/SSN				
					Is the insured in receivership or bankruptcy? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				

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 <input type="checkbox"/>	No <input type="checkbox"/>
If auditable, are policies auditable on an annual basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

**COMMENTS / REQUESTS**

Submit Quote Requests to or Simply Click Submit Button:  
 Email: [NewYork@afco.com](mailto:NewYork@afco.com) | Fax: 800-439-0727  
 For assistance submitting Quote Requests:  
 Toll-free Telephone: 800-288-0787