



# Quote Request Form



AGENCY INFORMATION					INSURED INFORMATION				
Name	JLT Specialty USA				Name				
ATTN:					Street				
Street	135 Main Street, Suite 1600				City, State, Zip				
City, State, Zip	San Francisco, CA 94105				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: [Seattle@afco.com](mailto:Seattle@afco.com) | Fax: 800-866-9701  
 For assistance submitting Quote Requests:  
 Toll-free Telephone: 800-288-7010