



Quote Request Form

| AGENCY INFORMATION | | | | | INSURED INFORMATION | | | | |
|--------------------|--|--|--|--|---|--|--|--|--|
| Agency Name | | | | | Insured Name | | | | |
| ATTN: | | | | | Street | | | | |
| Street | | | | | City/ST/Zip | | | | |
| City, State, Zip | | | | | Email | | | | |
| Email | | | | | Phone | | | | |
| Phone | | | | | FEIN/TIN/SSN | | | | |
| | | | | | Is the insured in receivership or bankruptcy? | | | | |

| 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 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | TOTAL: | |

Are any policies loss sensitive or retrospectively rated?

If auditable, are policies auditable on an annual basis?

Do any **property/wind** 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)

COMMENTS / REQUESTS

To submit Quote Requests, simply click the "Submit" button or email or fax the completed form to:

Email: Denver@afco.com | Fax: 800-326-3528

For assistance submitting Quote Requests, call us toll-free at: 877-494-5168