



Pedorthic Footwear Association BUSINESS INSURANCE QUOTE FORM



1. Business Named and DBA's: _____

2. Contact Name: _____

3. Address: _____

4. Phone: (_____) _____ Fax: (_____) _____
E-mail: _____ Website Address: _____

5. Applicant is: Individual Partnership Corporation Other _____

6. Numbers of years in business: _____ FEIN # _____

7. Policy Effective Date: _____ State incorporated in: _____

PROPERTY COVERAGE (Includes business owned buildings and contents)

Includes locations of all premises owned, or leased if a tenant (use separate sheet for additional locations)

PROPERTY LOCATION	SQ. FT	OWN/TEN	CONST.	BLDG. LIMIT, if owned	CONTENTS* LIMIT	BLDG AGE*

*CONTENTS INCLUDE INVENTORY STOCK, MACHINERY, EQUIPMENT, COMPUTERS, PROPERTY OF OTHERS, TENANTS IMPROVEMENTS, AND BETTERMENTS.

MORTGAGEE/LOSS PAYEE (List all new CONTRACT HOLDERS): _____

LIABILITY COVERAGE (Includes product, professional and premises liability)

Limit of liability: _____ \$1,000,000 Each Occurrence/\$2,000,000 Annual Aggregate
 _____ \$1,000,000 Each Occurrence/\$3,000,000 Annual Aggregate

PREMIUM BASE DESCRIPTION	ESTIMATED ANNUAL NET* SALES
Sales of Shoes, Orthotics and Accessories - Include all items you make, fit, alter, adjust and sell as a custom device or as a retail sale. This includes fees for giving advice on use and care of the device.	\$ _____
Repair (non-custom) - Include repairs not involving prescription	\$ _____
Other Please explain - _____	\$ _____

(*ANNUAL NET SALES REPRESENTS YOUR SALES AFTER YOUR "DISALLOWED" OR UNCOLLECTIBLE IS DEDUCTED. THIS DOES NOT REPRESENT NET PROFIT. **THIS POLICY IS NOT AUDITABLE, SO PLEASE BE ACCURATE WITH YOUR ESTIMATED SALES**)

UMBRELLA LIABILITY COVERAGE (Catastrophe Coverage)

Limit Desired: \$1,000,000 \$2,000,000 \$5,000,000 Other _____

All of the following questions must be answered and the minimum underlying limit requirements met:

Business Auto (not personal owned) \$1,000,000 CSL; Employers Liability 500/500/500 (subject to company approval)

1. Workers Compensation carrier: _____

2. Workers Compensation Policy Number: _____ Period: _____

3. Automobile carrier: _____

4. Automobile Policy Number: _____ Period: _____

5. Do you: Own any Water Craft? Yes No; Own any Air Craft? Yes No; Lease any Air Craft? Yes No

BUSINESS INCOME COVERAGE

You automatically receive \$500,000 of Business Income Coverage at each location. If you need additional amounts, please complete the business income formula for optional quotation.

Start with sales	\$	
Subtract cost of goods sold	-\$	
Add adjustment for growth	+\$	
Add specialties (rent, loans)	+\$	
Total Proposed Limit	=\$	

OTHER OPTIONAL COVERAGE/POLICY

(Check any that you are interested in)

- | | |
|--|---|
| <input type="checkbox"/> Workers Compensation Policy
<input type="checkbox"/> Business/Automobile Policy
<input type="checkbox"/> ERISA Bond
<input type="checkbox"/> Medicaid Bond | <input type="checkbox"/> Employment Related Practices Policy
<input type="checkbox"/> Directors & Officers Liability Policy
<input type="checkbox"/> Flood/Wind (if coastal exposure)
<input type="checkbox"/> Other _____ |
|--|---|

LOSS HISTORY

(Include all incidents & losses for the past 5 years (prior carrier loss runs where available))

Description & date of losses (if no losses state NONE)	Total amount paid	Opened/Closed

CURRENT/PREVIOUS CARRIER INFORMATION

Has your business policy ever been cancelled? Yes No

Name	Policy expiration date	Premium
		\$

GENERAL INFORMATION

- A. Are you a member of the Pedorthic Footwear Association? Yes No
- B. Number of Certified Practitioners: ___ C. Ped. ___ ABC/BOC ___ other (specify) _____
- C. Do you sell, rent, repair, or install (IF NONE, INDICATE 0%):
 Heart Monitoring Devices __%, Any Diagnostic Equipment __%, Van Lifts __%, O₂ Equipment __%,
 Electrical Equipment __%, Automobile Hand Controls __%, Stair Lifts __%
- D. Do you distribute any foreign products in the US? Yes No If yes, sales \$ _____
- E. Are any of your products sold or distributed overseas? Yes No If yes, sales \$ _____
- F. Enclose latest year end financial information.
- G. Enclose CV or Resume of officers or primary practitioners.
- H. Include a full description of your operation and brochures or product and service description.

RETURN TO

Affinity Insurance Services
 159 E. County Line Road • Hatboro, PA 19040-1218
 (800) 544-2672
 (312) 360-9237 Fax