



Insurance Services

PIAG INSURANCE SERVICES

Business Owner's Policy Quote Form

YOU MAY SUBMIT THIS FORM ELECTRONICALLY. For your convenience, this form is fillable in Acrobat and may be submitted electronically. Save the file when completed and email to James Villanueva at jamesv@piag.org. To submit via fax, you may print and send to: 770.433.3066. If you have any questions, please call James at 404.838.8554

General Info

Named Insured: <i>(complete legal name)</i>	
Effective Date:	Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Federal ID Number:	SIC/NAICS Number:
Physical Address Street Address: _____ City/State/Zip: _____	
Mailing Address <i>(if different from physical address)</i> Street Address: _____ City/State/Zip: _____	
Contact Person Name: _____ Phone Number: _____ Fax Number: _____	
Type of Business <input type="checkbox"/> Quick Printer <input type="checkbox"/> Offset Printer <input type="checkbox"/> Print broker <input type="checkbox"/> Web Designer <input type="checkbox"/> Supplier/Wholesale <input type="checkbox"/> Pre Press <input type="checkbox"/> Graphic Artist <input type="checkbox"/> Other _____	
Description of business operation: _____ _____ _____ _____	
Hours of Operation:	Years in Business:
Annual Payroll:	Annual Sales:
Current Carrier:	Your Website address:
Years under current Management:	Number of shifts:
# of Full Time Employees:	# of Part Time Employees:



Location (if more than one location list on separate sheet)

Year of construction:	Construction Type:	<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry Non Combustible	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Non Combustible
Alarm: Do you have an alarm system? if yes, is it monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Local	Do you have a sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total square footage of the entire building:			Total square footage that you occupy:		
Of the square feet that you occupy, what percentage is your office?			your warehouse?		
Have you had any updates on building if 15 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, check any that apply and fill in the year below.					
<input type="checkbox"/> Roof _____ <input type="checkbox"/> Wiring _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Other _____					
Landlord Name: _____			Landlord Phone #: _____		
Are there other occupancies in your building? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, who is on your right? _____ your left? _____					
Any losses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provide last 3 years of loss runs:			
If there are losses, what line of coverage was it on?		<input type="checkbox"/> BOP		<input type="checkbox"/> WC <input type="checkbox"/> AUTO	
Coverage	Limit	Deductible	Location 1, 2 or 3		
Building					
Permanently Attached Machinery <small>(if bolted to the floor)</small>					
Business Personal Property <small>(contents-desk, paper, ink, phone, supplies etc).</small>					
Errors & Omissions					
E & O w/Correction of work					
Employee Benefits					
Hired & Non-Owned Auto					
Directors & Officers					
Employment Practices Liability-EPL					
Other:					
Other:					
General Liability Limits: <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> \$2,000,000/\$4,000,000					
Umbrella limits: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> Other _____					
Select all printing services provided or describe your services:					
<input type="checkbox"/> Duplication	<input type="checkbox"/> Off-set Printing	<input type="checkbox"/> Copywriting	<input type="checkbox"/> Design	<input type="checkbox"/> Typesetting	
<input type="checkbox"/> Screen Printing	<input type="checkbox"/> Composition	<input type="checkbox"/> Layout	<input type="checkbox"/> Other		
If other, describe: _____					



Location (continued)

<p>Do you provide any of the following services for others not in conjunction with your own printing?</p> <p><input type="checkbox"/> Addressing</p> <p><input type="checkbox"/> Binding/finishing</p> <p><input type="checkbox"/> Die cutting/Foil Stamping</p> <p><input type="checkbox"/> Fulfillment</p> <p><input type="checkbox"/> Pre-Press Services</p>	<p>Please check items that represent at least 10% of your total receipts.</p> <table border="0"> <tr> <td><input type="checkbox"/> Advertising/ publication inserts</td> <td><input type="checkbox"/> Display Packaging</td> <td><input type="checkbox"/> Newsletters</td> </tr> <tr> <td><input type="checkbox"/> Annual reports</td> <td><input type="checkbox"/> Envelopes</td> <td><input type="checkbox"/> Packaging</td> </tr> <tr> <td><input type="checkbox"/> Blueprints</td> <td><input type="checkbox"/> Financial Reports</td> <td><input type="checkbox"/> Press Kits</td> </tr> <tr> <td><input type="checkbox"/> Binding/finishing</td> <td><input type="checkbox"/> Forms</td> <td><input type="checkbox"/> Specialty items</td> </tr> <tr> <td><input type="checkbox"/> Booklets</td> <td><input type="checkbox"/> Invitations</td> <td><input type="checkbox"/> Trade show material</td> </tr> <tr> <td><input type="checkbox"/> Brochures</td> <td><input type="checkbox"/> Labels</td> <td><input type="checkbox"/> Tickets for Lottery (or other games of chances)</td> </tr> <tr> <td><input type="checkbox"/> Cards</td> <td><input type="checkbox"/> Magazines</td> <td><input type="checkbox"/> Tickets (other than for lottery/games of chances)</td> </tr> <tr> <td><input type="checkbox"/> Catalogs</td> <td><input type="checkbox"/> Manuals</td> <td></td> </tr> </table>	<input type="checkbox"/> Advertising/ publication inserts	<input type="checkbox"/> Display Packaging	<input type="checkbox"/> Newsletters	<input type="checkbox"/> Annual reports	<input type="checkbox"/> Envelopes	<input type="checkbox"/> Packaging	<input type="checkbox"/> Blueprints	<input type="checkbox"/> Financial Reports	<input type="checkbox"/> Press Kits	<input type="checkbox"/> Binding/finishing	<input type="checkbox"/> Forms	<input type="checkbox"/> Specialty items	<input type="checkbox"/> Booklets	<input type="checkbox"/> Invitations	<input type="checkbox"/> Trade show material	<input type="checkbox"/> Brochures	<input type="checkbox"/> Labels	<input type="checkbox"/> Tickets for Lottery (or other games of chances)	<input type="checkbox"/> Cards	<input type="checkbox"/> Magazines	<input type="checkbox"/> Tickets (other than for lottery/games of chances)	<input type="checkbox"/> Catalogs	<input type="checkbox"/> Manuals	
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Proofing

Are all proof copies proofread by your company comparing proofs with originals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all proof copies including graphics, color and arrangement signed off by the customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are records kept of all customer approvals and sign-offs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Subcontractors

Are certificates of insurance required from sub contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, who checks them? _____		
Would you be willing to obtain certificates from others that perform services (subcontractors, janitorial services, snow removal services, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured quality check all sub-contracted work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate percentage of work subcontracted to others? _____		

Equipment

Printing Press: Model	Year/ # of Colors	Type: (Sheet/Web/Digital/Other)	Max. width of sheets	Drying Process	Water Base Solvent
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					



Equipment *(continued)*

Is all machinery and equipment (less than 15 years old) and well maintained? Yes No

What type of safety controls are installed on manufacturing and process equipment to protect the operator?

Check any that apply: Automatic hard guards Fixed Guards Shielding
 Lockout/tagout (electrical equipment) Other:

Do you have a maintenance and inspection routine for equipment? Yes No

Is there a contingency plan for the replacement of production machinery in the event of a loss due to mechanical breakdown? Yes No

Does the insured use specialized equipment, or materials in that would impact business operation if it had to be repaired or replaced? Yes No

Do you rent or loan equipment to others? Yes No

Describe your most expensive piece of equipment or material:

What is the replacement value of your most expensive piece of equipment?

What is the length of time it would take to repair/replace it?

What is the size of the largest piece of paper your press can print on?

Shop

Are all inks used water based? Yes No

Do you use flammable liquids or chemicals? Yes No
If so, are they stored in an approved container/cabinet? Yes No

Does the insured have a plan coordinated with their local fire department regarding the types, quantities and locations of chemicals and/or flammables on the premises? Yes No

What is the total quantity of flammable or hazardous chemicals stored on the premises?



Underwriting Questions:

1. Do you lease employees to or from other employers? Yes No
2. Do you have a workers compensation policy in place? Yes No
3. During the last ten years has anyone been convicted of a crime of arson? Yes No
4. Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? Yes No
5. Consecutive # of years the business has had a Business Owners policy without a lapse? Yes No
6. Any bankruptcies, tax or credit liens against the company in the past 5 years? Yes No
7. Do you own or operate any other business? Yes No
8. Do you have a confidentiality policy regarding customer's information? Yes No
9. Do customers provide paper or other materials for printing jobs?
If so how often? _____ Yes No
10. Do employees use their own vehicles on company business? Yes No
If so, does the company require employees to carry the states required liability limits? Yes No
Are you willing to require employees proof of coverage? Yes No
11. Do you or your employees regularly use hired or rental vehicles in the
course of conducting business? Yes No
12. Do you have any real or personal property in your care, custody or
control other than the property indicated above? Yes No
If so what is the value of this property? _____
13. Have you or your subcontractors ever made a printing or printing service error
for which you've been sued or for which you've had to pay? Yes No
14. Are you aware of any pending Errors & Omissions claims? Yes No