



Desired Effective Date: _____
 Name insured: _____
 Mailing address: _____ Web site: _____
 City: _____ State: _____ Zip: _____ E-mail address: _____
 Form of business: Individual Corporation Partnership LLC Other: _____
 Years in business: _____
 Location(s) of operations: _____

Description of operations including percentages and class codes if available:

Annual gross receipts: \$ _____ Annual payroll: \$ _____

I. GENERAL INFORMATION

Limit requested: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other: _____

If the higher limits are the requirement of a contract or project, please provide complete details of duties the applicant will perform, the duration, and the total cost.

Previous Carrier: _____ Policy number: _____ Premium: \$ _____ Effective dates: _____

Describe any losses in the past three years for the primary coverages this policy will cover over? None

Year	Incurred Amount	Description of Loss
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

II. SCHEDULE OF UNDERLYING

Type of Insurance	Underlying Carrier	Policy #	Eff. Dates	Limits of Liability	Premium
<input type="checkbox"/> General Liability <input type="checkbox"/> ISO Form <input type="checkbox"/> Manuscript form	A.M. Best Rating _____			General Aggregate \$ _____ Products Aggregate \$ _____ Personal & Advertising Injury \$ _____ Occurrence \$ _____ Damage to Premises Rented \$ _____ Medical Payments \$ _____	\$
<input type="checkbox"/> Auto Liability	A.M. Best Rating _____			<input type="checkbox"/> C.S.L. \$ _____ <input type="checkbox"/> Split Limits \$ _____/\$ _____/\$ _____	\$
<input type="checkbox"/> Employers Liability	A.M. Best Rating _____			Bod. Inj. by Accident (ea. accident) \$ _____ Bod. Inj. by Disease (policy limit) \$ _____ Bod. Inj. by Disease (ea. employee) \$ _____	\$
<input type="checkbox"/> Professional Liability Occurrence Form Claims-Made Form	A.M. Best Rating _____			Occurrence \$ _____ Aggregate \$ _____	\$

If the account is not concurrent with underlying coverages or is being marketed mid-term, please provide details:

III. GENERAL LIABILITY (GL) INFORMATION

Please provide the Classification(s) on the Underlying GL policy or attach GL application

Attach our completed Contractors Supplemental Application (CSA) for artisan and general contractor accounts

IV. AUTO LIABILITY INFORMATION

Not Applicable

- 1. Is hired and non-owned auto provided by the underlying? Yes No
- 2. Are any drivers under 21 years of age? Yes No
- 3. Does any vehicle travel an average daily radius greater than 200 miles? Yes No
- 4. Does risk own any heavy trucks, extra heavy trucks or truck tractors, livery units or tow trucks? Yes No

Vehicles

Type	# Owned	# Non-Owned	# Leased	Property Hauled	Radius (0 -50) Local	Radius (51-200) Intermediate	Radius (Over 200) Long Distance
Private Passenger							
Trucks Light 0 To 10,000 GVW							
Trucks Medium 10,001 To 20,000 GVW							
Trucks Heavy 20,000 to 45,000 GVW							
Truck Extra Heavy 45,001 or more							
Truck Tractors Heavy							
Truck Tractors Extra Heavy							
Buses							

5. Are any vehicles authorized to transport any of the following:

5a - Any corrosive, explosive, flammable (i.e. fuel), or radioactive materials?

Yes No

5b - Any type of refuse, waste or trash (including recyclables)?

Yes No

5c - Any livestock?

Yes No

6. Are motor vehicle records reviewed for acceptability at least once every three years?

Yes No

7. For any driver over the age of 69, is a Statement of Fitness required to be signed by a physician?

Yes No

Additional Comments or information:

Agency Information:

Agency Name: _____ Agent Code: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: _____
Agent: _____ Email: _____

Preferred Med James Location: _____

Preferred Med James Underwriter: _____

If you are not working with a specific underwriter at Med James, you may leave the box blank and we will find a knowledgeable and experienced underwriter to assist you.

Note: This form is designed to provide our underwriters with very basic information so they are able to respond with a quick indication. Understand certain classes and or risk profiles will require additional information which may include Acord Forms 125 and 131, current underlying declarations, 3 to 5 year loss runs, and underlying supplemental. If you have any of the above information, please include it with your submission.

Upon completion, simply hit the submit form and we will start working on this submission right away. If you experience any difficulty with the Submit Form button you may save and email the form to your Med James underwriter or to Larry Klehr at lklehr@medjames.com.

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