

Unexpected hazards are around every corner

...**PROTECT** your business
with **Meadowbrook Insurance Group!**



Sponsored Benefit Provider

Automotive Service Association proudly sponsors Meadowbrook Insurance Group for your worker's compensation and other business insurance needs.

Interest-Free Pay Plans

Professional safety services specifically for your industry:

- On-site consultations
- Safety video library
- Safety presentations

Contact us today and learn how to receive your **complimentary Safety Gear Package*** that includes:

*Insurance policy renewal date **required** for complimentary safety gear package.

Quantities are limited so **call today** to reserve yours!
800.726.9006

Safety Glasses
Safety Posters
First Aid Supplies
Small Business Handbook
and more!



800.726.9006

www.wcpolicy.com/asa

directsales@meadowbrook.com

**Business Owners / Workers' Compensation
Proposal Information ***

Please complete and fax to
800.836.5001

CUSTOMER INFO

Legal entity name: _____ Association: _____
 DBA name: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Contact phone: _____ Fax: _____
 Contact name: _____ Years in business: _____
 FEIN: _____ Entity type: Individual Partnership Corporation LLC Other

WORK COMP

Workers' Compensation *The following should be on the 2nd and 3rd page of your current WC policy*

Class code: _____ Payroll (Remuneration): \$ _____ No. of employees: _____
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 Experience Modification: _____ Limits: 100/500/100 _____ / _____ / _____
 Current carrier: _____ Renewal date: _____
 Losses (past 3 years): none yes *explain* _____

COVERAGE LIMITS

Business Owners

Building Insurance limit: \$ _____ Deductible: \$ _____
 Business personal property limit: \$ _____ Deductible: \$ _____
 Personal property of others: \$ _____ Deductible: \$ _____
 Electronic data processing limit: \$ _____
 Liability limit/aggregate: \$ _____ / \$ _____ Medical limits: \$ _____
 Hired/non-owned auto coverage: yes no Number of employees: _____
 Umbrella limit: \$ _____ Umbrella retention: \$ _____
 Current carrier: _____ Renewal date: _____
 Losses (past 3 years): none yes *explain* _____

BUILDING OPERATIONS

Business operation: Wholesale Retail Service Office Manufacturing
 Business occupancy description: _____ (if split, provide % for each operation)
 Number of service bays _____ none
 Any repairs or service no yes *describe* _____
 Insurable interest (building): Lessors risk only Owner & occupant Tenant
 Estimated annual sales: \$ _____ Percentage of internet sales: _____ %
 Estimated annual payroll: \$ _____

BUILDING INFO

Number of stories: _____ Year built: _____ (20 years or older requires update information below)
 Building updates (what year): roof _____ electric _____ heating _____ plumbing _____
 Construction: frame joisted masonry fire-resistive non-combustible masonry non-combustible
 other construction *describe* _____
 Total building square feet: _____ Square feet applicant occupies: _____ Air conditioned yes no
 Elevator yes no Loading docks yes no Hoist yes no Hydraulic lifts yes no
 Neighboring business: right _____ left _____
 Alarm type: central station local none Sprinklered _____ % wet dry none
 Building is within city limits yes no Protection class: _____ Distance from Fire Department: _____ miles

OPTIONAL COVERAGES

*For premium indication only - this form does not constitute an application for insurance.