



Professional Picture Framers Association
proudly sponsors
Meadowbrook® Insurance Group
for your insurance needs.

10%
WC Dividend
paid to PPFA members
for the past 2 years!*

**One source for all of
your business insurance**

**Workers' Compensation
Insurance**

- > Keep insurance costs down by sharing in group profits

**Property & Liability
Insurance**

- > Coverages you need at a price you can afford

\$50 PPFA TRIAL
MEMBERSHIP
*A \$50 trial membership is available to all picture framing firms that have not been PPFA members within the last 5 years.
For more details call 800.726.9006*

Superior Claims Handling

- > Helpful, worry-free claims processing
- > Prompt response time, saving you money
- > Quick turnaround to get your employee back to work as soon as possible

Professional & Friendly Customer Service

- > Knowledgeable & experienced staff at 800.825.9489
- > Online information at www.wcpolicy.com

Personalized Loss Control Support

- > Risk management consultation available
- > Loss Control education & safety literature
- > Data on most common injuries for your industry

*Dividends are paid only to members who meet eligibility requirements.



www.wcpolicy.com/ppfa

Contact a Meadowbrook professional today at **800.726.9006** for a prompt and courteous quote.

**Business Owners / Workers' Compensation
Quick Quote Information ***

Please complete and fax to
800.836.5001

CUSTOMER INFO

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

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* _____

BUSINESS 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

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* _____

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