

INSURANCE AGENT'S UMBRELLA QUICK QUOTE

Applicant:

Street:

City:

State:

Zip Code:

Contact:

Phone:

Fax:

E-mail:

Total # of *Full Time Staff:

Total # of **Part Time Staff:

*Full Time Staff includes owners, officers and directors

**Part Time staff work less than 20 hours per week

Total Premium Volume: \$

Total Commission: \$

Commercial Umbrella Limit of Liability Desired

\$1M

\$2M

\$3M

Identify the percentage of total premium in the following lines of business

Flood

%

Medical Malpractice

%

Coastal Property

%

Underlying Coverages and Premium Information

Agents E&O

Limit:

Carrier:

Premium:

Effective Dates:

General Liability

Businessowner

Limit:

Carrier:

Premium:

Effective dates:

Automobile:

Limit:

Carrier:

Premium (Liability only):

Effective Dates:

If above is Hired and Non-Owned Liability check this box

Total Number of Vehicles

Quote is subject to approved underlying E&O carriers. Any price comparison received is an indication only and is not a binding quotation, nor does it obligate the carrier to offer coverage. An actual quote may vary based upon completion of a signed application. No coverage is bound until coverage is accepted by the carrier. *Note: If quote is accepted, Penn National must receive the completed submission including application, underlying dec pages, and other required information within 10 days of quote acceptance, or quote may be void.*

FAX BACK COMPLETED FORM TO (803-772-0846 or Email to piasc@piasc.net)