



Mercer Consumer

a service of Mercer Health & Benefits Administration LLC

Request for Indication

For office use only

A. Please type or print clearly in ink.

B. Provide a copy of your expiring Declarations page for each selected coverage as well as any optional coverage and/or schedule pages.

If you need additional space, please continue on a separate sheet of your business letterhead.

Supplemental information may be required.

Contact information:

Business Name: _____

Mailing Address: _____

Location Address: _____

(include county) _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Website Address: _____

Section 1-Business Information

Detailed business description that includes all operations: _____

Professional Organization Memberships: _____

Business Type (please select one): Sole Proprietorship _____ Partnership _____ Corporation _____ Other (please explain _____)

Estimated Annual Receipts: \$ _____

Number of years in business: _____

Number of years of experience in field: _____

Do you own or operate any other business other than the business listed above? Yes No If yes, describe operations: _____

Section 2-Business Owners Package

Requested Effective Date:

Property Information:

Building Replacement Costs (if you own it) \$ _____

If building coverage is being provided, list all occupants and provide the square footage of each occupant's space. Also, please indicate the square footage of any vacant area.

Contents Replacement Costs Value \$ _____

-Includes equip., supplies, furniture, improvements and betterments (in lease)

Location Information:

Check appropriate box for Building Construction*

- Frame Non-Combustible
- Joisted Masonry Masonry Non-Combustible
- Fire Resistive

Building Age _____ 100% Sprinklered Yes No

No. of Stories _____ Occupied Square Footage _____

Is location building over 30 years old? Yes No

If yes to above, please provide the year of update for each of the following:

Plumbing _____ Electrical _____ Heating _____ Roof _____

Any exposing property within 60 feet of property? Yes No

If yes, please describe.

Liability Information:

Check appropriate box for General Liability limits needed

- \$300,000/\$600,000 \$1,000,000/\$2,000,000
- \$500,000/\$1,000,000 \$2,000,000/\$4,000,000

Insurance History:

Please provide insurance history for the past 3 years. If there was no coverage in place for a given year, please indicate "None".

Insurance Company	Policy Number	Expiration Date	Annual Premium	# of Claims

Has any like coverage been declined, cancelled, or non-renewed within the past 3 years? Yes No If yes, please explain.

Section 3-Additional Coverage

Please indicate whether or not you would like to receive additional information and/or a premium indication on the following lines of coverage:

Hired and Non-Owned Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial Umbrella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Professional Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE READ, SIGN, AND DATE:

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect or incomplete information could void their protection.

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

This application is subject to the underwriter's approval. Your completion of this application does not obligate the insurance company to issue your insurance coverage.

Signature of Principal Owner, Officer, or Partner

Date

Return your signed application to:

Mercer Consumer
PO Box 14521
Des Moines, IA 50306
Fax: 515-365-3005

Administered by Mercer Consumer, a service of Mercer Health & Benefits Administration LLC. After approval of your application, your Certificate and premium notice will be sent directly to you. The completion of this application does not bind coverage. The application is subject to the Company's Underwriting Rules.

***Construction Definitions**

Frame: Wood or mostly wood construction.

Joisted Masonry: Brick, block, concrete load bearing walls. Roof and floor supports are wood.

Non-Combustible: Metal structural wall and roof supports. NO wood roof decking or wood siding.

Masonry Non-Combustible: Masonry load bearing walls and unprotected steel roof supports.

Fire Resistive: Masonry or protected steel load bearing walls and roof supports. (Steel is protected by encasing it in concrete or spraying on fire resistive insulation.)