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| Named Insured | | | |
|--|----------------------------|---------------------|--|
| | | | |
| Effective Date | Contact Name | Phone Number | |
| | | | |
| Lines of Business To Be Quoted | | | |
| <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> General Liability</div><div style="width: 33%;"><input type="checkbox"/> Automobile</div><div style="width: 33%;"><input type="checkbox"/> Umbrella</div><div style="width: 33%;"><input type="checkbox"/> _____</div><div style="width: 33%;"><input type="checkbox"/> Property</div><div style="width: 33%;"><input type="checkbox"/> Workers Compensation</div><div style="width: 33%;"><input type="checkbox"/> Inland Marine</div><div style="width: 33%;"><input type="checkbox"/> _____</div></div> | | | |
| Annual Sales | Number of Employees | FEIN | |
| | | | |
| Mailing Address | Location Address | | |
| | | | |
| Nature of Operations <i>Contractors: what TYPE of work is performed? Building Owner: list of tenant names and operations</i> | | | |
| | | | |
| Years in Business, Description of Experience | | | |
| | | | |
| Form of Business | | | |
| <div style="display: flex; flex-wrap: wrap;"><div style="width: 25%;"><input type="checkbox"/> Association</div><div style="width: 25%;"><input type="checkbox"/> Estate</div><div style="width: 25%;"><input type="checkbox"/> Limited Liability Co.</div><div style="width: 25%;"><input type="checkbox"/> School</div><div style="width: 25%;"><input type="checkbox"/> Church</div><div style="width: 25%;"><input type="checkbox"/> Government Agency</div><div style="width: 25%;"><input type="checkbox"/> Limited Partnership</div><div style="width: 25%;"><input type="checkbox"/> Trust</div><div style="width: 25%;"><input type="checkbox"/> City, County, Township</div><div style="width: 25%;"><input type="checkbox"/> Individual</div><div style="width: 25%;"><input type="checkbox"/> Municipality</div><div style="width: 25%;"><input type="checkbox"/> Public Agency</div><div style="width: 25%;"><input type="checkbox"/> Corporation</div><div style="width: 25%;"><input type="checkbox"/> Joint Venture</div><div style="width: 25%;"><input type="checkbox"/> Partnership</div><div style="width: 25%;"><input type="checkbox"/> Religious Organization</div></div> | | | |
| ADDITIONAL INFO | | | |
| | | | |

PROPERTY COVERAGE

| LOCATION 1 | | | |
|---|--|--|--|
| Building Limit: | \$ _____ | <input type="checkbox"/> No coverage | |
| Business Personal Property Limit: | \$ _____ | <input type="checkbox"/> No coverage | |
| Business Income/Loss of Rents Limit: | \$ _____ | <input type="checkbox"/> No coverage | |
| Deductible: | \$ _____ | | |
| Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive | | | |
| Sprinklered: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ % Vacancy?: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ % | | | |
| Total Building Area: _____ feet ² | | Occupied by Insured: _____ feet ² | |
| # of Stories: _____ | | Year Built: _____ | |
| Years of Building Updates | | | |
| Plumbing: _____ | | Heating: _____ Electrical: _____ Roof: _____ | |
| Alarms | | | |
| Fire: | <input type="checkbox"/> Local <input type="checkbox"/> Police <input type="checkbox"/> Central Station <input type="checkbox"/> None <input type="checkbox"/> N/A | | |
| Burglar: | <input type="checkbox"/> Local <input type="checkbox"/> Police <input type="checkbox"/> Central Station <input type="checkbox"/> None <input type="checkbox"/> N/A | | |
| Sprinkler: | <input type="checkbox"/> Local <input type="checkbox"/> Police <input type="checkbox"/> Central Station <input type="checkbox"/> None <input type="checkbox"/> N/A | | |

AUTOMOBILE

VEHICLE SCHEDULE

| | Year | Make | Model | VIN | Cost New | Garaging | Use |
|---|------|------|-------|-----|-------------|----------|-----|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

DRIVER SCHEDULE

| First Name | Last Name | D.O.B. | Driver's License Number |
|------------|-----------|--------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

GENERAL LIABILITY

*Minimum required limit: \$ 1,000,000

| Classification | State | Location | Payroll, Sales, Cost, Units |
|----------------|-------|----------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Endorsements Needed

☐☐

☐ Per Location Aggregate

☐ Per Project Aggregate

☐ "Primary and Non-Contributory" wording

☐ Blanket Additional Insured

☐ Waiver of Subrogation

CONTRACTING CLASSES – Required Additional Information

States of Operation

☐

New Jersey

☐

New York (Percentage of overall operations: _____%)

☐

All Others: _____

Subcontracted Work

What Percentage of your work is subcontracted to others? _____% ☐ None

Nature of work subcontracted to others: _____

Annual total cost of all subcontracted work: \$ _____

Your Customers

Commercial: _____%

Residential: _____%

Institutional: _____%

100 %

Does any of your residential work involve apartments or condos? ☐ Yes ☐ No

SNOWPLOWING

Receipts: \$ _____ Payroll: \$ _____

Percentage of clients that are: Residential: _____% Commercial: _____%

Do you have a written snow plow contract with your clients? ☐ Yes ☐ No

WORKERS COMPENSATION

| Class Code | Description | Number of Employees | | Estimated Payroll |
|------------|------------------------|---------------------|-----------|-------------------|
| | | Full Time | Part Time | |
| | Clerical, NOC | | | |
| | Salespersons – Outside | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Officers, Owners, LLC Members

| | | | |
|-------------------|--|--|--|
| Name | | | |
| Title | | | |
| Ownership % | | | |
| Duties | | | |
| Class Code | | | |
| Remuneration | | | |
| Included/Excluded | | | |

Please list all the states you work in, and the percentage of operations for each:

☐ NJ: _____%
 ☐ NY: _____%
 ☐ PA: _____%
☐ List State here : _____%
 ☐ List State here : _____%
 ☐ List State here : _____%

Part 2 / 3B coverage – Employer's Liability

\$1,000,000/\$1,000,000/\$1,000,000 minimum limits will be quoted

Experience Mod

_____ ☐ None

Prior Carriers

| | |
|----------------------------|--|
| Current | |
| 1 st Prior Year | |
| 2 nd Prior Year | |