



REQUEST FOR INSURANCE PROPOSAL

GENERAL INFORMATION							
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.							
First name:	Last name:						
Business name: (name policy will be issued under)							
What best describes your business's ownership structure: (select one) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Individual/Sole Proprietor</td> <td style="width: 50%;"><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Corporation or other Organization (other than those listed)</td> </tr> </table>		<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation or other Organization (other than those listed)
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Joint Venture						
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership						
<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation or other Organization (other than those listed)						
Primary service: <input type="checkbox"/> Auctioneer <input type="checkbox"/> Auction House	FEIN/SS number:						
Business address: (no PO Box) Street	Secondary Street (optional)						
City	County						
State	ZIP Code						
Telephone number:	E-mail address:						
Website address:	Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail						

BUSINESS INFORMATION	
Is your business operated out of your home?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other than the business address provided above, how many additional locations does your business own or rent?: _____ Please provide complete address:	
Do you have regular, scheduled auctions on your premises?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year building constructed:	Approximate square footage: _____ Construction type: <input type="checkbox"/> Block <input type="checkbox"/> Frame <input type="checkbox"/> Metal
* Please email photos of the building's exterior, (front/back) to applications@ermunro.com	

(continued on next page)

Returning the form to us does not constitute a binding insurance contract nor a guarantee that one will be issued. You are not insured until a representative of E. R. Munro and Company personally tells you so, verbally or in writing and an insurance premium is paid.



Including yourself, how many full-time and temporary employees does your business have?: (Do not include subcontractors) _____
Do you or your business supply, manufacture, or distribute any tangible goods or products?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business perform any design, construction, installation, removal, or physical repair of any property or tangible goods?: <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:
Does your business manufacture, design or assist in the design of any hardware or components?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last 12 months, have you had similar insurance in place?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of insurance carrier:
Date when you would like coverage to start (today or future):
What is the approximate date your business was established?:
Do you maintain current and valid professional certifications or designations as required or recognized by industry standards?: <input type="checkbox"/> Yes <input type="checkbox"/> No
For the next 12 months, what is your estimated Payroll expense for yourself, your full time, part-time, and temporary employees: (do not include sub-contractors) \$ _____
What are your business estimated gross sales during the next 12 months?: \$ _____
Does your business use a written contract or statement of work?: <input type="checkbox"/> Always (100%) <input type="checkbox"/> Some of the time (1 % to 74%) <input type="checkbox"/> Most of the time (75% to 99%) <input type="checkbox"/> Never (0%)

* Please Email complete copy of your current auctioneer contract to applications@ermunro.com

Signature _____ Date _____

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