



“Quick Quote” Commercial Inland Marine - Contractors

Date: _____

Name of Applicant: _____ dba: _____

Mailing Address: _____
Street City, State County Zip Code

Physical Location: _____

Requested Policy Period: _____ to _____ Insured Phone: _____

Form of Business: Individual Partnership Corporation Joint Venture Other

Describe Insured's Business Operations: _____

Areas of Operations: _____

Is any equipment leased, rented or loaned to others? YES NO If yes, explain: _____

Is equipment locked up overnight at job site? YES NO If no, where is it kept? _____

Number of years in business: _____

PREVIOUS CARRIER & LOSS INFORMATION

| Year | Insurer | Non-Renewed? | Losses |
|------|---------|--------------|--------|
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CONTRACTORS EQUIPMENT SECTION - Description of machinery, equipment, devices (attach separate page if necessary)

| Year | Manufacturer, Model | Serial Number | Cost New | Insured Value |
|------|---------------------|---------------|----------|---------------|
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LOSS PAYEES

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|--|--|----|
| | | 3. |
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Ways to submit this completed quote request:

Fax - Shreveport, LA Office: 318-798-3959

Frisco, TX Office: 469-888-5294

Ark-La-Tex Underwriters
 1945 E. 70th Street - Suite C - Shreveport, LA 71105
 6100 N. Preston Road - Suite 206 - Frisco, TX 75034