



# Funeral Professionals INSURANCE



*Funeral Homes-Crematories-Cemeteries-Embalmers-Suppliers-Manufacturers*

## Quote Request Form

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Fed Tax ID \_\_\_\_\_ Business Website \_\_\_\_\_

Business Entity:  Individual  Corporation  LLC  Partnership  Other \_\_\_\_\_

Does the business currently have insurance?  Yes  No If yes, please provide name of carrier: \_\_\_\_\_

Date coverage needed: \_\_\_\_\_ Year business started: \_\_\_\_\_ Any claims in the last 5 years?  Yes  No

Description of Operations: \_\_\_\_\_

Total Revenues \_\_\_\_\_ Total Payroll \_\_\_\_\_ Number of locations \_\_\_\_\_

(Funeral Homes Only): \_\_\_\_\_ % Percentage of cremation Do you sell monuments?  Yes  No

Do you own a crematory  Yes  No Do you carry out cremations for other funeral homes  Yes  No

Liability Limits Desired  \$1,000,000 / \$2,000,000  \$2,000,000 / \$4,000,000

Need Building Coverage  Yes  No If yes, current coverage amount: \_\_\_\_\_

Building Leased  Building Owned Estimated year built: \_\_\_\_\_ Number of locations \_\_\_\_\_

Type of Construction:  Frame  Masonary/Brick  Other \_\_\_\_\_

Building Square Footage: \_\_\_\_\_ How many floors: \_\_\_\_\_  Alarm  Smoke Detectors  Sprinklers

Value of business personal property: \_\_\_\_\_ Value of stock/inventory: \_\_\_\_\_

Number of Total Employees: \_\_\_\_\_ Number of Owners/Officers: \_\_\_\_\_

### Business Auto Insurance

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_

Drivers: Name \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Please complete this form and return:

Chris J Boots // Funeral Professionals Insurance

PO Box 580 / Fishers, Indiana. 46038

Direct: 317.735.4077 // Email: cboots@amj-ins.com