



# COMBS & COMPANY

If you don't know insurance, know your broker.

Producer: Susan L Combs

Lead Source: LaGuardia CC

Company:  ARM-CAP

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## NEW BUSINESS SUBMISSION – Areas in RED must be completed

### INCLUDE THE FOLLOWING:

- Vehicle Schedule (yr, make, model, vin#; garage loc, cost new, gvw, use, radius); If trucker, will need additional supp app and info.
- Drivers List (license #'s; state; date hired; DOB)
- Current Value Loss Runs – 5 Yrs.
- Copy of Current Policies Quoting Against.

Date to Marketing: \_\_\_\_\_

Date Quote Needed: \_\_\_\_\_

Date Proposal Needed: \_\_\_\_\_

Effective Date of Cvg: \_\_\_\_\_

### GENERAL INFORMATION:

FEIN # (federal ID number or if you don't have one, your Social Security number is fine.) \_\_\_\_\_

NJERN #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Yrs in Biz: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web site: \_\_\_\_\_

| LINE OF BUSINESS        | Carrier | Premium | Notes |
|-------------------------|---------|---------|-------|
| Property                | _____   | _____   | _____ |
| Liability               | _____   | _____   | _____ |
| Auto                    | _____   | _____   | _____ |
| Workers Comp            | _____   | _____   | _____ |
| NYS Disability          | _____   | _____   | _____ |
| Crime                   | _____   | _____   | _____ |
| In-Marine/Cargo/Transit | _____   | _____   | _____ |
| Umbrella                | _____   | _____   | _____ |
| Boiler & Machinery      | _____   | _____   | _____ |
| D&O / EPLI              | _____   | _____   | _____ |
| MISC                    | _____   | _____   | _____ |

**DETAILED DESCRIPTION OF THE BUSINESS & ITS OPERATIONS:**

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**ANNUAL GROSS SALES FOR EACH OPERATION / G.L.CLASS CODE:**

| Class Code | Sales | Class Code | Payroll | Class Code | Payroll/Sales |
|------------|-------|------------|---------|------------|---------------|
|            |       |            |         |            |               |

**CONTRACTORS ONLY**

Type of Work Performed: \_\_\_\_\_

% Commercial: \_\_\_\_\_ % Residential: \_\_\_\_\_

**COMMERCIAL UMBRELLA LIMIT DESIRED:** \$ \_\_\_\_\_

**WORKERS COMPENSATION:**

NJ/NY/NCCI Rating Bureau ID #: \_\_\_\_\_

Descrip. of Current Plan: \_\_\_\_\_

Plan Desired: \_\_\_\_\_

| Class Code | # Emp | Description | Payrolls |
|------------|-------|-------------|----------|
|            |       |             |          |
|            |       |             |          |
|            |       |             |          |
|            |       |             |          |
|            |       |             |          |
|            |       |             |          |

Normal Anniversary Rating Date: \_\_\_\_\_ Experience Modification Current: \_\_\_\_\_

**Corporate Officer Information Must Be Completed:**

| Name | Title | % Own | Duties | Payroll |
|------|-------|-------|--------|---------|
|      |       |       |        |         |
|      |       |       |        |         |
|      |       |       |        |         |

**PROPERTY SCHEDULE OF VALUES AND UNDERWRITING INFORMATION:**

Blanket limits must be broken down by Location and Cvgs - If more than 3 Locations, supply a Statement of Values

|                             | Location 1 | Location 2                          | Location 3 |
|-----------------------------|------------|-------------------------------------|------------|
| <b>Address</b>              |            | Address you will be working out of. |            |
| <b>Building Limit</b>       |            |                                     |            |
| <b>BPP Limit</b>            |            |                                     |            |
| <b>EDP Limit</b>            |            |                                     |            |
| <b>BI &amp; EE Limit</b>    |            |                                     |            |
| <b>Deductible</b>           |            |                                     |            |
| <b>Construction</b>         |            | Is it brick, wood etc?              |            |
| <b>Occupancy Type</b>       |            | Is it a commercial building?        |            |
| <b>Year Built</b>           |            |                                     |            |
| <b>Year Updates</b>         |            |                                     |            |
| <b>Own or Lease</b>         |            |                                     |            |
| <b>Sq. Ft of Insured</b>    |            | Approximately how large is the area |            |
| <b>Total Sq Ft Bldg</b>     |            |                                     |            |
| <b># Stories</b>            |            | Of the building itself              |            |
| <b>Sprinklered</b>          |            |                                     |            |
| <b>Fire /Burglar Alarm</b>  |            |                                     |            |
| <b>Additional Interests</b> |            |                                     |            |
| <b>Hours of Operation</b>   |            | That you will be working            |            |

**ADDITIONAL INSURED INFORMATION:**

Do you require any Additional Insureds or Certificate Holders on your policy to fulfill a contract?

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