

NEW OR UPDATING APPLICANT QUOTE FORM

Please Note:

* = Required – Questions marked with a red * must be completed.

* = Helpful, but not required – Questions marked with a green * are helpful, but are not generally required

Contact Information

* Your Full Name:

* Your Phone Number:

* Your Email Address:

* List Any Additional Contact Info Below (Secondary contacts, phone numbers, emails):

Description (i.e. Office Phone, etc)

/ Email, etc:

Business Information

* Legal Name of Primary Business / Org:

* Years in Operation:

* Legal Structure of Business:

(Examples: Corporation, LLC, Sole Proprietorship, etc.)

* Federal Employer ID (EIN / FEIN):

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(Please note, the FEIN is sometimes required, especially if you're applying for worker's compensation coverage.)

* List Any Additional Business Names Below

(If Applicable) (Examples include brand names, dbas, subsidiaries, related entities, etc. Any additional business names that will be associated with the insurance you are applying for)

(If Additional Lines Are Needed, Append the Additional Names to The End of the Application in 'Remarks')

*Name / Entity Type

*Description (Operations / Role of Entity)

* Business Website URL (If applicable):

* Mailing Address (Street, City, State, ZIP):

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* Primary Physical Address: (Street, City, State, ZIP):

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* List Any Additional Addresses Below (If applicable)

(If Applicable) (If Additional Lines Are Needed, Append the Additional Addresses to The Application in 'Remarks')

Address:

Description (What's Here?)

If Additional Space is Needed, Please Put it on the Last Page of the Application (Remarks)

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Description of Primary Operations

* Please Provide a Detailed Description of your operations

(What does the business / organization do?):

* Please List Owners' Full Names, Dates of Birth, and Home Addresses

(Optional, but some insurers require it for rating. Without this information you may not get the best selection / pricing. If you have a board of directors, do not fill out the below table. Instead, please list the board member names and positions on the remarks section near the end of the application.)

Owner Name	<u>Ownership %</u>	<u>Date of Birth (MM/DD/YY)</u>	<u>Home Address:</u>

* Do any owners have separate business ventures not included in this application?

Yes No

If yes, please explain:

* Please Describe Owners' / Director's Experience in the Industry:

(Optional, but extremely helpful with pricing and coverage placement. Resumes generally work in lieu of a written explanation of experience. Credentials held can also help.)

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Basic Business / Organization Financial Info:

* Expected Gross Revenue for the next 12 Months:

* Expected Payroll for the next 12 months:

Employee Info:

* Do you have non-owner employees?

Yes No

If Yes:

Number of Full Time Employees:

Number of Part Time Employees:

* Any employees leased or shared labor with another business?

Yes No

If yes, please explain:

* Are any 'employees' employed as a 1099 contractor?

Yes No

If yes, please explain:

* Do you have a worker's compensation policy in place?

Yes No

Additional Questions:

* Are any operations conducted outside of the United States?

Yes No

If yes, please explain:

* Are there any current or past lawsuits, claims, or losses related to your business / organization in the past 5 years?

Yes No

If yes, please explain:

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Insurance History:

* Do you currently, or have you had business insurance before?

Yes No

If yes, who are you currently insured with?:

Coverage Selection:

* Are you interested in any of the following coverage types? (Check all that apply):

- General Liability** – Covers bodily injury or property damage claims made by third parties due to your business operations.
- Property** – Protects your building, equipment, inventory, and other physical assets from damage or loss (e.g., fire, theft, vandalism).
- Commercial Auto** – Covers vehicles used for business purposes, including liability and physical damage.
- Workers Compensation** – Provides wage replacement and medical benefits to employees injured on the job, as required by law.
- Cyber Liability** – Covers costs related to data breaches, cyberattacks, and other cyber incidents affecting your business.
- Employment Practices Liability (EPLI)** – Protects against employee lawsuits alleging discrimination, harassment, wrongful termination, or similar claims.
- Umbrella / Excess Liability** – Offers additional liability limits above your primary policies, providing extra protection for large claims.
- Directors & Officers (D&O)** – Protects company executives and board members from personal losses due to decisions made in their roles.
- Inland Marine / Equipment** – Covers tools, equipment, or property in transit or used at job sites (especially important for mobile or construction businesses).
- Crime / Fidelity** – Provides coverage for employee theft, fraud, forgery, and other dishonest acts.
- Other (please list):** – For any specialized or industry-specific coverage not listed above.

Disclaimer:

The coverage types and descriptions listed above are provided for general informational purposes only and are not intended to be exhaustive or definitive. This list is not a binding offer of insurance coverage, nor does it guarantee the availability, eligibility, or adequacy of any coverage for your specific business or operations. Final terms, conditions, and availability of coverage will be determined by the insurance carriers and underwriting guidelines upon submission and review of a complete application. Additional coverages not listed here may also be available depending on your industry, risk profile, and insurance market conditions. Please consult with a licensed insurance professional to evaluate your specific insurance needs.

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Remarks

* Please write any remarks or additional relevant information here (Optional):

* What Date Do You Need This Quote By?: (MM/DD/YYYY)

* Desired Effective Date of Coverage: (MM/DD/YYYY)

* Would you like coverage recommendations for your business?

Yes No

* What do you prefer? (Please check one):

- Lower cost, less robust coverage
- Somewhere in the middle
- Higher cost, more robust coverage

* Do you have a budget or expected cost for this insurance?

Yes No

If yes, please provide budget/cost:

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Signature and Fraud Disclosure Notice

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Disclosure of Information:

I acknowledge that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial of coverage, cancellation of the policy, or legal action.

Consent to Obtain Information:

I authorize the insurance company to obtain any necessary information regarding my application for insurance. This may include, but is not limited to, credit reports, previous insurance history, and any other relevant records required to process this application to the extent allowable by law.

Notice of Information Practices:

Notification for insurance company, ("You"), I hereby authorize you to collect and disclose personal, privileged information, about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living. I understand that credit scoring information may be used to either determine my eligibility for insurance or the premium I will be charged. I understand that I am entitled to receive a copy of this authorization and, upon request, a record of any subsequent disclosures of personal or privileged information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed.

Signature

By signing below, I certify that I have read and understand the disclosures above and agree to the terms of this application.

Applicant Name:

Title:

Signature:

Date:

Please Return This Form to Alex Hanson When Completed

Alex.Hanson@Hubinternational.com

350 NW Elks Drive, Corvallis, OR 97330

560 Country Club Pkwy, Eugene, OR 97401

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