



RATE INDICATION REQUEST

**Compare your current
Business Insurance to see what
Affinity Insurance Services
has to offer you!**

WBB

Contact Name: _____

Company Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Please provide me with a rate indication on the following coverages:

Professional Liability

General Liability

Hired & Non-Owned Auto

Employee Benefits

Sexual Abuse & Molestation

Other _____

1. Date Established _____ / _____ / _____
Month Day Year

2. Requested Effective Date _____ / _____ / _____
Month Day Year

3. Current Coverage Claims made Occurrence

Retroactive Date _____ / _____ / _____
Month Day Year

Current Insurer _____

Limits of Liability _____ / _____

4. Have you ever been involved in a claim? Yes No

If yes, please attach loss history.

| Professions Employed by Firm (Please list each profession on a separate line.) | # of Full-Time Professionals | # of Part-Time Professionals | Annual Hours |
|---|------------------------------|------------------------------|--------------|
| | | | |
| | | | |
| | | | |

I prefer to receive my information by Mail Fax E-mail

Phone _____ Email _____

Please contact me at a future date (_____ / _____)
Month Year

Please contact my broker _____
Name Phone Number

If reply envelope is lost or missing, please send to:

Administered by Affinity Insurance Services, Inc.: In CA (Lic. # 0795465), MN & OK AIS Affinity Insurance Agency, Inc.; and in NY AIS Affinity Insurance Agency.