



COMMERCIAL ENDORSEMENT QUOTE REQUEST

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext): 402-592-0900	POLICY TYPE	PROPERTY	GENERAL LIABILITY
	FAX (A/C, No):		NLAND MARINE	
			UMBRELLA	WORKERS COMP
CODE:		COMPANY		
SUBCODE:		NAIC CODE:		
AGENCY CUSTOMER ID		ATTENTION:		
INSURED'S NAME		POLICY NUMBER		EFFECTIVE DATE OF CHANGE
INSURED'S MAILING ADDRESS IF CHANGED (INC ZIP+4)		POLICY INCEPTION DATE		POLICY EXPIRATION DATE

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
			INSIDE OUTSIDE	OWNER TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

LOC #	BLD #	
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AUTO-VEHICLE DESCRIPTION/LIMITS

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW				
		MODEL:	V.I.N.:	PP	SPEC	COML	\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDR NS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 M LES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UN NS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 M LES +	FARM	SERVICE				FTW	COLL	\$	\$	\$	COLL	\$
LIABILITY		NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		
\$		\$		\$		\$		\$		\$		

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\$		\$		\$		\$		\$		\$		

DRIVER INFORMATION (List drivers who frequently use own vehicles)

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

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WORKERS COMPENSATION RATING INFORMATION

TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES FULL TIME PART TIME	ESTIMATED ANNUAL REMUNERATION

PROPERTY/INLAND MARINE - PREMISES INFORMATION

PREMISES #: _____ BUILDING #: _____ ADD CHANGE DELETE

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
BUILDING IMPROVEMENTS	PLUMBING, YR:	BLDG CODE GRADE	INSPECTED?	ROOF TYPE	OTHER OCCUPANCIES						
<input type="checkbox"/> WIR NG, YR:	HEAT NG, YR:		<input type="checkbox"/> YES <input type="checkbox"/> NO								
<input type="checkbox"/> ROOFING, YR:	OTHER:	TAX CODE									
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ /Chemical Systems)				FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG			

INLAND MARINE - SCHEDULED EQUIPMENT

% COINSURANCE: _____ ADD CHANGE DELETE

#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC)	ID #/SERIAL #	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE
						\$
						\$

GENERAL LIABILITY - LIMITS

CHANGE

GENERAL AGGREGATE	\$	DAMAGE TO RENTED REMISES	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	MEDICAL EXPENSE (Any one person)	\$
PERSONAL & ADVERTISING INJURY	\$	EMPLOYEE BENEFITS	\$
EACH OCCURRENCE	\$		\$

GENERAL LIABILITY - SCHEDULE OF HAZARDS

TYPE OF CHANGE	LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	PREMIUM BASIS CODES
						(S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

UMBRELLA

CHANGE

LIMIT OF LIABILITY	\$	OTHER (DESCRIBE)
RETAINED LIMIT	\$	

ADDITIONAL INTEREST

ADD CHANGE DELETE

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					PREMISES: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					VEHICLE: _____ BOAT: _____
<input type="checkbox"/> MORTGAGEE (# _____)					SCHEDULED ITEM NUMBER: _____
<input type="checkbox"/> MORTGAGEE (# _____)					OTHER _____
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> EMPLOYEE AS LESSOR		ITEM DESCRIPTION:			

ADDITIONAL CHANGES/REMARKS

SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)

INSURED'S SIGNATURE	PRODUCER'S SIGNATURE
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