

PIAG INSURANCE SERVICES

PolicyQuoteForm

YOU MAY SUBMIT THIS FORM ELECTRONICALLY. For your convenience, this form is fillable in Acrobat and may be submitted electronically. Save the file when completed and email to to the producer. To submit via fax, you may print and send to: 770.433.3066.

Shop:	☐ Business Owner	s 🔲 Um	brella	☐ Workers	Comp	☐ Auto		Pictures Attached:
Target Premium:								☐ Yes ☐ No
General Info								
Named Insured: (com	plete legal name)							
Effective Date:			Type of	Business:	□Indiv	idual		Partnership
					☐ Corp	oration		LLC
*Federal ID Number:		SIC/NAICS	CO Numb	er (PIAG Use	e Only):			
Physical Address								
Street Address:								
City/State/Zip:								
Mailing Address (if dif	ferent from physical	address)						
Street Address:								
City/State/Zip:								
Contact Person								
Name:				Email:				
Phone Number:				Fax Numl	oer:			
Type of Business								
☐ Quick Printer	☐ Offset Printer		Print broke	er 🖵 Web	Designe	r (No E & O)	☐ Su	pplier/Wholesale
☐ Pre Press	☐ Graphic Desi	gner (No E&C)) 🔲 N	/lailer/Letter	Service	☐ Other		
Description of busines	ss operation:							
Hours of Operation:				Years in Business:				
Annual Payroll:				Annual Sales:				
Years under current M		Your Website address:						
# of Full Time Employe	ees:	# of Part Tim	e Employe	es:		# of Seaso	nal Empl	oyees:

BOP/Umbrella	(if more than one location	list on separate sheet)				
Coverage	Locat	ion 1		Location 2		
	Limit	Deductible	Limit		Deductible	
Building						
Permanently Attached Machinery (if bolted to the floor)						
Business Personal Property (contents-desk, paper, ink, phone, supplies etc).						
Errors & Omissions						
E & O w/Correction of work						
Employee Benefits						
Hired & Non-Owned Auto						
Directors & Officers						
Employment Practices Liability-EPL						
Other:						
Other:						
General Liability Limits: ☐ \$1,000,000/\$2	,000,000	\$2,000,000/\$4,0	000,000			
Umbrella limits: ☐ \$1,000,000	\$2,000,000	□ \$3,000	,000	☐ Oth	er	
Location (if more than one location list on seg	parate sheet)					
Year of construction: Construction	n Type: 🔲 Frame 🚨	Masonry Non Combu	stible		☐ Tenant	
	ombustible 🗖 Joisted	•	Stibic		□ Owner	
Alarm: Do you have an alarm system?	′es □ No	Do you have a sprinkl	er system?		Yes 🔲 No	
Central	C3 2 110	Nearest Fire Station	<u> </u>	Miles:	163 2110	
Local		Fire Hydrant within		villes: ☐ Yes ☐) No	
if yes, monitored by?		The Hydrane Within	1,00011	<u> </u>	1110	
Total square footage of the entire building:	Total square fo	otage that you occupy	v.		# of Stories:	
Of the square feet that you occupy, what p	·		your warehou	1503	" or scories	
, , , , ,			your waterior	126:		
Have you had any updates on building if 15	years or older? 🚨 Ye	s 🖵 No				
If yes, check any that apply and fill in the ye	ear below.					
☐ Roof ☐ Wiring ☐ Plum	nbing 🗖 Heati	ng 🗖 Other _				
Landlord Name:		andlord Phone #:				
Are there other occupancies in your buildir	ng? 🗆 Yes 🗀 No					
Company to your right:		Company on your left:	:			
Any losses?	Provide last 3 years of	loss runs:				
If there are losses, what line of coverage wa	as it on?	OP □ WC	☐ AUT	0		



PIAG INSURANCE SERVICES

AutoInsuranceQuoteForm

Rental Reimbursement: Towing: Drive Other Car: hereby authorize the company indicated to obtain from the Georgia Department of Public Safety a copy of my Motor (ehicle Report for the use in rating/and or underwriting Auto Insurance on vehicles which I drive and any renewal there understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I deereby authorize such use. Full Name (Exactly what is on your license) Date of Birth Drivers License # State Signature Juderwriting Questions: Any vehicles used by family members? Is so, identify: Driver's name and license number: Driver's name and license number: Does the applicant obtain MVR verifications? Does the applicant have a specific driver recruiting method? Are any drivers not covered by workers compensations? Yes Any vehicles owned but not scheduled on this application?		Vehicle Identification	#	Cost New	Business / Personal Commercial	/ Garaged Zip Code
Uninsured Motorist: Comprehensive Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Collision Deductible: Coll						
Uninsured Motorist: Comprehensive Deductible: Collision Peductible: Co						
Hired/Non-Owned: Rental Reimbursement: Towing: Drive Other Car: Thereby authorize the company indicated to obtain from the Georgia Department of Public Safety a copy of my Motor Sehicle Report for the use in rating/and or underwriting Auto Insurance on vehicles which I drive and any renewal there understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I deserbly authorize such use. Full Name (Exactly what is on your license) Date of Birth Drivers License # State Signature Underwriting Questions: Any vehicles used by family members? Is so, identify: Driver's name and license number: Driver's name and license number: Driver's name and license number: Does the applicant obtain MVR verifications? Are any drivers not covered by workers compensations? Are any drivers not covered by workers compensations? Any vehicles owned but not scheduled on this application? Yes Any drivers with moving traffic violations?				Uninsured N	Notorist:	
Any vehicles used by family members? Is so, identify: Driver's name and license number: Does the applicant obtain MVR verifications? Are any drivers not covered by workers compensations? Any vehicles owned but not scheduled on this application? Any vehicles owned but not scheduled on this application? Any vehicles owned but not scheduled on this application? Driver which is for your form. Driver on the use in rating/and or underwriting Auto Insurance on vehicles which I drive and any renewal there understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I deereby authorize such used by the insurer and I deereby authorize and any renewal there are an all to expect the insurer and I deereby authorize and any renewal there are an all the insurers and I deereby authorize and any renewal there are an any renewal there	Comprehensive Dedu	ctible:		Collision De	ductible:	
hereby authorize the company indicated to obtain from the Georgia Department of Public Safety a copy of my Motor Pehicle Report for the use in rating/and or underwriting Auto Insurance on vehicles which I drive and any renewal there understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I deserbly authorize such use. Full Name (Exactly what is on your license) Date of Birth Drivers License # State Signature Underwriting Questions: Any vehicles used by family members? Is so, identify: Driver's name and license number: Driver's name and license number: Does the applicant obtain MVR verifications? Does the applicant have a specific driver recruiting method? Are any drivers not covered by workers compensations? Any vehicles owned but not scheduled on this application? Yes Any drivers with moving traffic violations? Yes	Hired/Non-Owned:			Medical Pay	ments:	
Jnderwriting Questions: Any vehicles used by family members? Is so, identify: Driver's name and license number: Driver's name and license number: Does the applicant obtain MVR verifications? Does the applicant have a specific driver recruiting method? Are any drivers not covered by workers compensations? Any vehicles owned but not scheduled on this application? Any drivers with moving traffic violations?	Rental Reimbursemen	t:	Towing:		Drive Other (Car:
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Jnderwriting Questions: Any vehicles used by family members? Is so, identify: Driver's name and license number: Driver's name and license number: Does the applicant obtain MVR verifications? Does the applicant have a specific driver recruiting method? Are any drivers not covered by workers compensations? Any vehicles owned but not scheduled on this application? Any drivers with moving traffic violations?			Data of Rirth	Drivers Lice	unco #	tato Signaturo
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Does the applicant have a specific driver recruiting method? Are any drivers not covered by workers compensations? Any vehicles owned but not scheduled on this application? Any drivers with moving traffic violations? □ Yes	Any vehicles u	used by family mem	er:			
Are any drivers not covered by workers compensations? O. Any vehicles owned but not scheduled on this application? 1. Any drivers with moving traffic violations? 1. Yes	Any vehicles u Driver's name Driver's name	used by family mem and license numbe and license numbe	er:			
 O. Any vehicles owned but not scheduled on this application? □ Yes 1. Any drivers with moving traffic violations? □ Yes 	. Any vehicles under the Driver's name Driver's name Does the apple.	used by family mem and license numbe and license numbe icant obtain MVR v	er: er: erifications?			☐ Yes ☐ No
1. Any drivers with moving traffic violations? □ Yes	Driver's name Driver's name Driver's name Does the appl Does the appl	used by family mem and license numbe and license numbe icant obtain MVR v icant have a specifi	er: er: erifications? c driver recruiting me			
	Driver's name Driver's name Does the appl Does the appl Are any driver	and license number and license number and license number icant obtain MVR vicant have a specifics s not covered by w	er: er: erifications? c driver recruiting me orkers compensation	s?		☐ Yes ☐ No
II yes picase explain.	Driver's name Driver's name Does the appl Does the appl Are any driver Any vehicles of	and license number and license number and license number icant obtain MVR vicant have a specific is not covered by wo	er: er: erifications? c driver recruiting me orkers compensation	s?		□ Yes □ No
	Driver's name Driver's name Does the appl Does the appl Are any driver Any vehicles of	and license number and license number and license number icant obtain MVR v icant have a specific is not covered by w owned but not sche	er: er: erifications? c driver recruiting me orkers compensation	s?		☐ Yes ☐ No
2. Total Distance Traveled Daily: □ 0-50 □ 50-150 □ 150-200 □ Other	Driver's name Driver's name Driver's name Does the appl Does the appl Are any driver Any vehicles of	and license number and license number and license number icant obtain MVR v icant have a specific is not covered by w owned but not sche	er: er: erifications? c driver recruiting me orkers compensation	s?		□ Yes □ No



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Worker's Compensation Quote Form

Liability	Limit:		If you have WC deductible on policy give amount:				
Additio	nal Locations:		Experience	Mod/N	CCI Number:		
Payrol							
Class Codes	Description	# of Full Time E	mployees	# of P	art Time Employees	s Annual Payroll	
8810	Clerical						
7380	Drivers						
8742	Sales						
8015	Quick Printing						
8800	Addressing & Mailing						
4299	Printing						
8799	Clerical Staff Addressing & Mailing						
	Other:						
	Other:						
	Other:						
	outer.						
Office	S						
Office Name	rs Title		Class	code	% of ownership	Included or excluded	
			Class	code	% of ownership	Included or excluded	
			Class	code	% of ownership	Included or excluded	
			Class	code	% of ownership	Included or excluded	
Name	Title		Class	code	% of ownership	Included or excluded	
Name Underw	Title	lace?	Class	code	% of ownership		
Name	riting Questions: Are you Certified as a Drug Free Work Pl				% of ownership	Included or excluded □ Yes □ No %	
Underw 1. 2.	riting Questions: Are you Certified as a Drug Free Work Pl Do you sub-contract work?	☐ No At wha	Class at percentag		% of ownership	□Yes □No %	
Name Underw 1.	riting Questions: Are you Certified as a Drug Free Work Pl Do you sub-contract work? □ Yes Is a written safety/accident program in o	\square No At what operation?	nt percentag		% of ownership	□ Yes □ No	
Underw 1. 2. 3.	rriting Questions: Are you Certified as a Drug Free Work Pl Do you sub-contract work?	□ No At what operation? on practices include	nt percentag	e?	% of ownership	□Yes □No %	
Underw 1. 2. 3. 4.	rriting Questions: Are you Certified as a Drug Free Work Pl Do you sub-contract work?	□ No At what operation? on practices inclue □ No Active	nt percentag de: safety comi	e?	% of ownership	□ Yes □ No —% □ Yes □ No	
Underw 1. 2. 3. 4.	rriting Questions: Are you Certified as a Drug Free Work Pl Do you sub-contract work? Yes Is a written safety/accident program in order to the program of	☐ No At what operation? on practices included a No Active or over 60 years of	nt percentag de: safety comi age?	e? mittee		☐ Yes ☐ No ————————————————————————————————————	
Underw 1. 2. 3. 4.	rriting Questions: Are you Certified as a Drug Free Work Pl Do you sub-contract work? ☐ Yes Is a written safety/accident program in or Does your safety and accident prevention Accident investigation plan ☐ Yes Any employees under 16 years of age o	☐ No At what operation? on practices included a No Active or over 60 years of	nt percentag de: safety comi age?	e? mittee		☐ Yes ☐ No — % ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
Underw 1. 2. 3.	riting Questions: Are you Certified as a Drug Free Work Pl Do you sub-contract work? Yes Is a written safety/accident program in o Does your safety and accident prevention Accident investigation plan Yes Any employees under 16 years of age o Are employees required to work 15 feet	□ No At what operation? on practices included No Active or over 60 years of above the groun	nt percentag de: safety comi age?	e? mittee		☐ Yes ☐ No% ☐ Yes ☐ No	
Underw 1. 2. 3. 4. 5. 6. 7.	riting Questions: Are you Certified as a Drug Free Work Pl Do you sub-contract work? Yes Is a written safety/accident program in a Does your safety and accident prevention Accident investigation plan Yes Any employees under 16 years of age o Are employees required to work 15 feet Any seasonal employees?	☐ No At what operation? on practices included in No Active and over 60 years of above the ground?	nt percentag de: safety comi age? d to perforn	e? mittee		☐ Yes ☐ No	