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Business Owner's Insurance Program for Public Relations Firms

Request for Proposal Form

Firm _____ Corporation Individual Owner

Contact _____ Co-Partnership Other

Phone _____ Fax _____

Email _____ Company Website _____

Location 1 Address _____

City _____ State _____ Zip Code _____

Location 2 Address _____

City _____ State _____ Zip Code _____

Please list the following property values:

Business Personal Property\$ _____ Computer Hardware\$ _____ Office Area (sq. Feet) _____

Location 2 Business P. Prop\$ _____ Computer Hardware\$ _____ Office Area (sq. Feet) _____

Other Limits (fill in) \$ _____

Deductible (check one) \$500 \$1000 \$2500 Other : _____

Current insurance Company _____ Current Premium _____ Renewal date _____

Please attach details of any automobiles (include year/make/model/garage location)

Alarms Yes No Central station Yes No Fire Burglary

Construction of Building _____ Year Building was constructed _____

Gross Billings _____ Gross Revenue _____ Annual Payroll _____

Name of retirement plan _____ Value of retirement plan _____

Losses in the last five years (if so, please give details) _____

Estimated annual payroll by classification for each location		
	<u>Classification</u>	<u>Location 1</u> <u>Location 2</u>
	Sales	_____
	Clerical	_____
	Executive	_____
	Other	_____

The following describes our present Workers Compensation coverage:

Insurance Company: _____ Policy Number: _____

Policy Period: _____ Experience Modification : _____

Tax ID (EIN) Number: _____ State Unemployment Number: _____