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Umbrella Insurance Quote Request Form

PLEASE USE BLACK INK AND PRINT CLEARLY

Contact Info

Date: ___ / ___ / ___

Insured's Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ Best time to call: _____ AM PM

Phone: () _____ Fax: () _____ Cell: () _____

Email: _____ Website: _____

Form of Business: Corporation Individual LLC Other: (describe) _____

Year business was established? If less than 3 years, how many years experience? _____

Description of your business: _____

Desired Coverage Amount

Amount: Per Occurrence: \$ _____ General Aggregate: \$ _____

Self Retention/Deductible: _____

Underlying Policy Info

Coverage	Carrier	Policy #	Effective	Expiration	Limits
General Liability					
Comm. Automobile					
Workers Comp					
Other					

Prior Coverage

Current Umbrella Carrier? _____ Expiration date? _____

Expiring Premium? \$ _____ Has your policy been cancelled in the last 3 years? If yes, for what reason? _____

Have you had any claims within the past 4 years? If yes, please give details: _____
