Commercial Umbrella Quote Information Form

Steele Insurance Agency | 804-883-5858

Complete all known details. Fields are fillable on computer or mobile PDF readers.

Basic Business Information

Business Name

DBA

Physical Address

Mailing Address

Contact Name

Phone

Email

FEIN / SSN

Years in Business

Entity Type

Select

Website

Business Description

Umbrella / Excess Coverage Requested

Desired Umbrella Limit

Select

Self-Insured Retention

Select

Effective Date Needed

Current Umbrella?

Select

Current Umbrella / Excess Carrier

Current Limit

Select

Current Premium

Expiration Date

Underlying Policies / Required Limits

Line of Business	Carrier	Policy Number	Expiration	Current Limits	Premium
General Liability					
Commercial Auto					
Workers Comp / EL					
Liquor Liability					
Professional / E&O					
Other					

Commercial Umbrella Quote Information Form

Steele Insurance Agency | 804-883-5858

Complete all known details. Fields are fillable on computer or mobile PDF readers.

Exposure Questions

Operations in multiple states?	☐ Yes	☐ No	Any work performed at heights/depths?	☐ Yes	☐ No
Products or completed operations exposure?	☐ Yes	☐ No	Subcontractors used?	☐ Yes	☐ No
Certificates of insurance required?	☐ Yes	☐ No	Contractual risk transfer in place?	☐ Yes	☐ No
Owned, hired, or non-owned autos?	☐ Yes	☐ No	Any fleet over 10 vehicles?	☐ Yes	☐ No
Any liquor, special events, or hospitality exposure?	☐ Yes	☐ No	Any professional or E&O exposure?	☐ Yes	☐ No
Any pollution or environmental exposure?	☐ Yes	☐ No	Any aviation, drone, or watercraft exposure?	☐ Yes	☐ No
Any international operations or sales?	☐ Yes	☐ No	Any prior policy cancelled/non-renewed?	☐ Yes	☐ No

Explanation for any Yes answers

Locations / Operations Schedule

Location Address	Operations Performed	Annual Sales	Payroll	Employees

Commercial Auto Summary

Number of Power Units

Number of Trailers

Largest Vehicle Type: Select

Radius: Select

Year	Make	Model	VIN	Use

Commercial Umbrella Quote Information Form

Steele Insurance Agency | 804-883-5858

Complete all known details. Fields are fillable on computer or mobile PDF readers.

Prior Claims / Loss History

Date	Line of Business	Amount Paid	Open/Closed	Description
			Select	
			Select	
			Select	
			Select	
			Select	
			Select	

Risk Management / Controls

Written safety program?	☐ Yes	☐ No	Formal driver screening/MVR review?	☐ Yes	☐ No
Employee training documented?	☐ Yes	☐ No	Subcontractor COIs collected?	☐ Yes	☐ No
Waivers/hold harmless agreements used?	☐ Yes	☐ No	Contracts reviewed by attorney?	☐ Yes	☐ No
Fleet telematics or monitoring used?	☐ Yes	☐ No	Claims procedures in place?	☐ Yes	☐ No

Additional Notes / Special Instructions

Notes

This quote request is for information gathering only and does not bind or change coverage.
Coverage is not effective until confirmed by the agency and carrier.
Return completed form to Steele Insurance Agency at steeleagency804@gmail.com.

Completed By _____ Date _____