SILVER ROCK
RISK SOLUTIONS

For a Free No Obligation Quote for Commercial Insurance

Please complete and return this form along with your ***current insurance declarations page(s***) to Silver Rock Risk Solutions at Fax: 609-435-1777 or Email: info@silverrockrisk.com

General Information required for all quotes. Please provide all information requested in the box below:

Business Name: _____ EIN #: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name & Title: _____

Contact Phone #: _____ Fax #: _____ Email: _____

Type of Business (p*lease circle)*: LLC / Corp. / S Corp. / Sole Proprietor Year Business Started: _____

Total Revenue for Practice: _____ Other Locations: _____

Have there been any bankruptcies, tax or credit liens in the past 5 years? Yes / No *(circle)*

Has there been any fraud, bribery or arson crimes committed in the past 5 years? Yes / No *(circle)*

(Please explain all "Yes" responses on a separate sheet of paper)

If quotes are requested for any of these line(s), please select & provide the information in the box below:

BOP: _____ General Liability: _____ Property Building and/or Contents: _____

Year building was built: _____ Sq. ft. of office space: _____ Value of Building: _____

Value of Contents: _____ Value of Medical Equipment: _____

Central Alarm System: Y or N (*circle)* Sprinkler System: Y or N (*circle)*

Include Employment Practices Liability (EPL): Y or N *(circle)* Include Employee Benefits Liability: Y or N *(circle)*

Number of claims in the past 5 years: _____ (*provide details on a separate piece of paper)*

Current Insurer: _____Renewal Date: _____

If a Workers Comp* (WC) quote is requested, please complete the information in the box below:

Number of employees: _____ # FT: ____ # PT: ____ Annual salary for all employees: _____
Are physicians to be included in WC: Y or No *(circle)*

Number of claims for past 5 years_____*(provide details on a separate piece of paper)*

Current Insurer: _____Renewal Date: _____

If a quote is requested for any of these line(s), please select & provide the information in the box below:

_____Errors & Omissions (E & O) **_____ Medical Billing Errors & Omissions**

Names: _____ Dates of Birth: _____Annual Income: _____

Specialty: _____ Description of Duties: _____

Number of claims in the past 5 years: _____ (*provide details on a separate piece of paper*)

Current Insurer: _____Renewal Date: _____

If a quote is requested for any of these line(s), please select & provide the information in the box below:

_____ Umbrella Liability **_____ Inland Marine *(value of medical equipment needed)***

_____ Business Automobile* (*vehicle and driver information is needed)*

Number of claims in the past 5 years: _____ (*provide details on a separate piece of paper*)

Current Insurer: _____Renewal Date: _____

We may require additional information and/or an application to provide a quote for some lines of business. Providing your current declarations page will help facilitate a quote in most cases.

***Please Note: Business Auto and Workers Comp are not available as stand-alone policies**