**Send New Business Submissions to:** **submissions@centuryinsure.com**

**Or Fax to 412-373-5461 Attn: Chris Monteith**

**GENERAL INFORMATION**

Named Insured:

Doing Business As:

Mailing Address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  PO/Street: |        |  |  |  |  |
|  City:  |       | State:  |       | Zip:  |       |

Owner/Contact Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business #:  |       | Cell #:  |       | Fax #:  |       |
| Email Address:  |       | Website:  |       |

Date of Last Producer Visit:

|  |  |  |  |
| --- | --- | --- | --- |
| Legal form of Entity: |        |  FEIN # (SS# if indiv): |       |

Date Business Started:

Detailed Business Description (Attach brochures etc):

**CURRENT INSURANCE COVERAGE**

|  |  |  |  |
| --- | --- | --- | --- |
| Company | Line of Business | Expiration Date | Annual Premium |
|       |       |       | $       |
|       |       |       | $       |
|       |       |       | $       |
|       |       |       | $       |

**LOSS HISTORY**

|  |  |  |
| --- | --- | --- |
| Date of Loss | Description | Amount Paid |
|       |       | $       |
|       |       | $       |
|       |       | $       |

 3-year Loss Runs: [ ]  Attached [ ]  Ordered

**REQUESTED LINES OF BUSINESS**

 [ ]  BOP [ ]  Property [ ]  Gen Liab [ ]  Auto [ ]  IM

 [ ]  WC [ ]  Umbrella [ ]  Cyber [ ]  E&O/Prof [ ]  Other