**Send New Business Submissions to:** [**submissions@centuryinsure.com**](mailto: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