

OCG & Associates, Inc.
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www.ocginsurance.com

Insurance Package Quote Request

General Information

Prospect Insured Name: _____ Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____ Web: _____

Business Information

Type of Entity: Individual Corporation "S" Corporation Partnership Join Venture Limited Liability Other: _____
Year Business Established: _____ Years of Experience: _____ Professional Liability in Effect: Yes No
Total Number of Employees: Full Time _____ Part Time: _____ Total Annual Sales: _____ Total Annual Payroll: _____
Any Owned Auto Registered Under the Name Insured: Yes No (For an auto quote attach list of all drivers with d/l numbers and copy of registrations)
Business Description: _____
Prior Insurance Company Name: _____ Policy Expiration Date: _____ Claim in the Last 5 Years: Yes No

Premises Information

Premises Address: Check for Same as Mailing _____
Interest: Tenant Owner Percentage of Area Occupied: _____% Any Area Subleased to Others: Yes No
Other Occupancies in the Building: _____ Any Habitational Occupancy: Yes No
Building Year Built: _____ Type of Construction: Joisted Masonry Masonry Non-Combustible No. of Stories: _____
 Brick Veneer Fire Resisted Frame Non-Combustible
Building Renovations (for buildings over 25 years old): Wiring, Yr: _____ Plumbing, Yr: _____ Roofing, Yr: _____ Heating/AC, Yr: _____
Area Occupied: _____ Number of Basements: _____ Less than 1000 Feet from Hydrant: Yes No Inside City Limits: Yes No
Central Station Alarm System: Yes No Sprinklers: Yes No Other Protection: _____

Coverage Requested

Building: _____ Content: _____
Building Options: Boiler Coverage Earthquake Glass Deductible Buyback Household Personal Property Tenant's Full Glass
General Liability: 300,000/600,000 500,000/1,000,000 1,000,000/2,000,000 1,000,000/3,000,000 1,000,000/4,000,000
General Liability Options: Employee Benefits Liability Hired Auto Physical Damage Non-Owned and Hired Auto Liability
 Waiver of Subrogation Worldwide General Liability
Additional Interest: _____

COMPLETION OF THIS FORM DOES NOT OBLIGATE OCG & ASSOCIATES, INC TO OFFER A PREMIUM INDICATION OR BIND COVERAGE. ULTIMATE PREMIUM, COVERAGE TERMS AND CONDITIONS MAY ONLY BE DETERMINED AFTER REVIEW OF A FULLY COMPLETED APPLICATION.