


FAST RESPONSE FORM For INTERIOR DESIGN SPECIALISTS

(All quotations are no obligation)

Company Name:		Contractors License Number (if any):	 Please check any of the following Additional Insurance Coverage you may be interested in: <input type="checkbox"/> Professional Liability <input type="checkbox"/> General Liability <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Property <input type="checkbox"/> Tools / Equip <input type="checkbox"/> Health <input type="checkbox"/> Workers' Comp
Mailing Address:			
Your Name:			
Phone: () - -	Fax: () - -		
Email:			
Description of Operations:			
Current Liability Insurance Carrier:	Expiration Date: ____ / ____ / ____		
Current Professional Liability Carrier (if any)	Expiration Date: ____ / ____ / ____		
Total Gross Sales: \$	Total Sub Contracted Costs: \$		
Number of Owners: \$	Employee Payroll: \$		
Number of years in Business with Continuous Coverage:		Territory of Operations:	
Additional Insured Requirements: (if applicable) <input type="checkbox"/> Special Wording <input type="checkbox"/> Waiver of Subrogation		How many Additional Insureds Required Per Year:	
How Many Losses Last Four Years:	Dates of Losses:	Amounts Paid Out:	
Indicate how you want to be contacted:			
<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email			
Comments:			

After completion of this form please fax, email or mail to the attention of:

LARRY HINES
Larry@spib.com
 Fax: (949) 860-3860
 SPIB Insurance Agency, Inc.
 P.O. Box 9055
 Mission Viejo, CA 92690
 Phone: (949) 582-5220