

Book of Business

Commercial \$ _____ Personal \$ _____ Benefits \$ _____

Premium volume written currently:

Volume we may anticipate:

Apartments LRO:	\$ _____	\$ _____
Office Buildings LRO:	\$ _____	\$ _____
Light Industrial LRO:	\$ _____	\$ _____
Mercantile LRO:	\$ _____	\$ _____
Motel/Hotel/ B&B:	\$ _____	\$ _____

Geographic Area Serviced:

Note: We do not write General Liability in the Los Angeles and San Francisco Regions.

Commercial Markets - Please list the Primary Carrier Appointments:

Carrier:	Appt Date:	Volume:	Loss Ratio:
_____	_____	\$ _____	% _____
_____	_____	\$ _____	% _____
_____	_____	\$ _____	% _____
_____	_____	\$ _____	% _____

Total Number of Carrier Appointments: _____

Please attach the following for consideration:

- Agency/Broker License
- E & O Declaration Page
- W-9

Signature

Title

Date

