



Paragon Underwriters, Inc.
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 West Bloomfield, MI 48322
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 www.paragonunderwriters.com

**BUSINESS OWNERS' & WORKERS COMP
 INDICATION REQUEST FORM**

Paragon Underwriters Inc., specializes in providing tailored insurance coverage for Michigan professionals.
We make it easy— complete this form, including your signature, and either **fax it back to 248-851-1205, or e-mail it to info@paragonunderwriters.com** for quotes on *Business Owners and/ or Workers' Compensation Insurance*.

GENERAL COMPANY INFORMATION

Company Name _____		Year Business Started _____	
Mailing Address _____		City _____	
County _____	State _____	Zip _____	E-Mail _____
Contact Person _____		Telephone _____	Fax _____
Individual <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other: _____
Do you own any other Business? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Type : _____			
Annual Sales \$ _____			

BUSINESS OWNERS INSURANCE

(The following information is needed for each office location whether you are a tenant or a building owner.)

Requested Effective Date _____		Location Address (if different) _____	
Tenant <input type="checkbox"/>	Building Owner <input type="checkbox"/>	Year Built _____	Does the building have a sprinkler system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Year of Last Update On : Heating _____		Plumbing _____	Roof _____
Electrical _____		Building Construction _____	
Number of Stories _____		Area Occupied (sq. ft.) _____	
Building Value (If Owned) _____		Business Personal Property Limit _____	
Deductible: \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>		Liability Limits: \$1,000,000/\$2,000,000 <input type="checkbox"/> \$2,000,000/\$4,000,000 <input type="checkbox"/>	
Fire &/or Burglar Protection (check all that apply)		Central Station Fire Alarms <input type="checkbox"/>	Central Station Burglar Alarm <input type="checkbox"/>
Building Vacancy Rate	0% <input type="checkbox"/> <10% <input type="checkbox"/> 10-20% <input type="checkbox"/> >20% <input type="checkbox"/>	Has your co. ever filed bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently Insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Carrier Name: _____			
Has your company ever been cancelled/ non-renewed/ declined for business owners coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has your company had any claims in the past 5 years? *Yes <input type="checkbox"/> No <input type="checkbox"/>			
*If so, provide the date of loss, amount paid, and details of the loss.			

WORKERS COMPENSATION INSURANCE

Requested Effective Date _____										
Federal Identification Number _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Employee Class</th> <th style="width: 33%;"># of Employees</th> <th style="width: 33%;">Annual Payroll</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Employee Class	# of Employees	Annual Payroll						
Employee Class	# of Employees	Annual Payroll								
Are you currently insured? Yes <input type="checkbox"/> No <input type="checkbox"/>										
-If Yes, what is your Experience Mod? _____										
Do you wish to exclude any owners/partners/officers? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please do not include their payroll in the table above.										
Has your company had any claims in the past 5 years? *Yes <input type="checkbox"/> No <input type="checkbox"/>										
*If so, provide the date of loss, amount paid, and details of the loss.										

By signing below, I represent that the statements above are true to the best of my knowledge. I also agree to accept receipt of a premium indication from Paragon Underwriters Inc., by fax, e-mail or postal mail.

 Authorized Signature

 Printed Name

 Date