



Quote Request Form

BROKER INFORMATION					INSURED INFORMATION				
Agency Name					Insured Name				
ATTN:					Street				
Street					City/ST/Zip				
City, State, Zip					Email				
Email					Phone				
Phone					FEIN/TIN/SSN				
					Is the insured in receivership or bankruptcy?				

POLICY INFORMATION													
Policy Number	Effective Date	Term (Mos.)	Type of Policy	Insurance Carrier	Intermediary Broker (if applicable)	Intermediary Broker City (if applicable)	MEP%	Subject to Audit? (Y/N)	Days to Cancel (Insured's Req.)	Base Premium	Taxes	Fees	Total
1													
2													
3													
4													
5													
6													
7													

TOTAL:

Are any policies loss sensitive or retrospectively rated?

If auditable, are policies auditable on an annual basis?

Do any **property/wind** policies have any provisions that cause them to earn at an accelerated rate?
(e.g. 80% or 100% earned at the commencement of hurricane season due to a catastrophe minimum earned premium endorsement)

COMMENTS / REQUESTS

To submit Quote Requests, simply click the "Submit" button or email or fax the completed form to:

Email: Florence@afco.com

Fax: 866-231-1310

For assistance submitting Quote Requests, call us toll-free at: 866-669-0937