

# Distributor Proposal Request Sheet

(Minimum Information required for getting a proposal) (Producer Code XV538)

Company Name: \_\_\_\_\_ Contact Name \_\_\_\_\_

Voice #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

District Sales Representative: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Proposed Coverage Effective Date: \_\_\_\_\_

## Auto

Auto 1 of \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ GVW \_\_\_\_\_ Cost New \_\_\_\_\_

Radius \_\_\_\_\_ V.I.N # \_\_\_\_\_

Any Tickets or accidents in the last 3 years Y / N, If yes explain \_\_\_\_\_

Driver 1 of \_\_\_\_\_ Name as on Drivers License: \_\_\_\_\_ Driver D.O.B \_\_\_\_\_

SS# \_\_\_\_\_ Drivers License# \_\_\_\_\_ State \_\_\_\_\_

## Trailer

Year \_\_\_\_\_ Make \_\_\_\_\_ Length \_\_\_\_\_ Cost New \_\_\_\_\_

VIN # \_\_\_\_\_

## General Liability

Expected Annual Sales \_\_\_\_\_ Payroll to Others \$ \_\_\_\_\_

Any Losses in the past 5 years: Yes / No \_\_\_\_\_ Is this a New Venture: Yes / No \_\_\_\_\_

Previous Insurance Carrier \_\_\_\_\_ Premium \$ \_\_\_\_\_

Years in similar business \_\_\_\_\_ Prior Management Experience, if any: \_\_\_\_\_

## Property

Location of Storage building: Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Maximum inventory you keep at all locations? \$ \_\_\_\_\_

Building coverage if needed: \$ \_\_\_\_\_ Area of building that you occupy: \_\_\_\_\_ Sq ft

Sprinklered: Yes / No \_\_\_\_\_ Age of Bldg \_\_\_\_\_ Any other Occupancies? Yes / No \_\_\_\_\_

If so what are they: \_\_\_\_\_

Construction of Storage Building: Wood { } Frame { } Block { } Metal { }

Fire Department that would respond to a fire: \_\_\_\_\_

Would you like an Umbrella Quote? Yes / No \_\_\_\_\_

Would you like Information on any other coverage? Yes / No \_\_\_\_\_ What kind? \_\_\_\_\_

**Fax a fully completed form to: First Volunteer Insurance Agency, Inc. Fax# 866-668-4746 or go to our web site at [www.FVIA.com](http://www.FVIA.com), complete the Distributor Proposal Request form and submit by E-Mail direct to [distributorgroup100@firstvolunteer.com](mailto:distributorgroup100@firstvolunteer.com) or if needed call toll Free 1-866-668-4900.**

First Volunteer Insurance Agency, Inc. is a wholly owned subsidiary of First Volunteer Bank, so we are required to make you aware of the following: FVIA products 1. Are not a deposit of the bank. 2. Not FDIC insured. 3. Not insured by any Federal Government Agency. 4. Not Guaranteed by the Bank. 5. May go down in value if there is investment risk.