



**Associated Insurance Service, Inc.**  
**Benefit Concepts, LLC**

Associated Insurance Service  
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**BLUE CHIP POLICY**  
**FAST FACTS - PREMIUM INDICATION FORM**

This form is designed to provide information for a premium indication only for the Blue Chip Policy. The indication is subject to change upon receipt and review of the proper application and supplemental information.

Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Nature of Operations: \_\_\_\_\_  
 The Company has continuously been in business since:  
 Privately Held     Publicly Traded     LLC     Partnership     Financial Institution     Health Care

Coverages Requested:		Limits	Deductible	Policy Period
a.	D&O Liability			
b.	Employment Practices Liability			
c.	Fiduciary/EBL Liability			
d.	Trust E&O Liability			

Prior Insurance:  
 Do you currently have?

Coverage Type	Insurer	Limits	Deductible	Premium	Policy Period
D&O Liability					
Employment Liability					
Fiduciary/EBL Liability					
Trust E&O Liability					

Financial Information: (latest fiscal year)  
 Total Assets: \_\_\_\_\_ Long Term Debt: \_\_\_\_\_ Shareholders Equity: \_\_\_\_\_  
 Total Revenue: \_\_\_\_\_ Net Income: \_\_\_\_\_ Total Trust Assets (if applicable): \_\_\_\_\_

- About the Company:
- Total number of U.S. employees: Currently \_\_\_\_\_ One year ago \_\_\_\_\_
  - Does the company distribute an employee handbook to all employees?  Yes  No
  - Does the company have a written policy against discrimination, including sexual harassment?  Yes  No
  - Does the company use an employment application for all applicants?  Yes  No
  - Does the company have a written progressive disciplinary program?  Yes  No
  - Have any claims been made against the company, directors, officers or employees in the past three years relevant to any coverages being requested by this form? (If Yes, please attach details)  Yes  No

Employee Benefit Plans:

Plan Name	Plan Type (Defined Benefit, Defined Contribution, ESOP, Welfare Benefit)	Total Assets	No. of Participants	Fully Funded?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Agency \_\_\_\_\_ Agent Name \_\_\_\_\_