

INITIAL INFORMATION NEEDED TO DEVELOPMENT A PROPOSAL

GENERAL DATA

- List of all locations to include address, phone, and insurance contact for claims
- A description of your operations will be required. If you have a website that will be fine
- Number of employees by location
- Currently valued claims history for the past five years. This history must be currently dated; meaning claims histories for ALL policy periods must be dated within the past 6 months for policies dating back to the 2015-2020 policy year (sample request wording attached)
- Some insurers may request your most recent income statements and balance sheets
- The Declaration Pages (1st page) of all current insurance policies
- A copy of your Employee Handbook, Fleet Safety Program, Drug Free Workplace, minutes from a recent Safety Meeting (*If available*)
- Your service timeline from the most recent policy term (*if available*)

GENERAL LIABILITY

- List of all general liability classification codes by state
- Expiring classification exposures also by state (sales or payroll)
- Current liability limits of coverage for all general liability categories

WORKERS' COMPENSATION

- Workers compensation payrolls by class code by State
- Estimated annual payrolls by class code by state for the 2020-2021 policy year
- Copies of the past three (including current) workers compensation experience-rating factor (Sample Request Wording attached)
- What WC deductibles have you been taking for the past 5 years?
- Most recent SMARTCOMP analysis (*if available*)

PROPERTY

- Values of all insurable interests split out per location
- Plot diagrams for all locations that you own. If you do not have drawings then construction type, all occupants, protection measure that are operational, square footage of all occupied locations (*if available*).
- Any specialty coverage in place such as transit,, transportation, computer equipment, valuable papers and records, boiler & machinery, flood, earthquake, terrorism, or equipment floaters, we will need those values and insured conditions.

AUTOMOBILE

- Updated fleet list, including make model, year, and original cost new for each vehicle
- Current limits for each automobile liability and physical damage category
- Deductible levels for comprehensive, collision, liability, hired and non-owned liability, and hired car physical damage protection
- Provide endorsements for Drive Other Car coverage, Rental Reimbursement, Towing or Labor
- Need the Drivers List by Name, DOB, license # and year that employee was hired

EXCESS UMBRELLA

- Limit of Liability
- Retention Amount

DIRECTORS' & OFFICERS', CRIME, FIDUCIARY, ERISA BOND, INLAND MARINE, TRANSIT, TRNSPORTATION, OR OTHER POLICIES MAY BE IN PLACE. COPIES OF THOSE WILL ASSIST US WITH PROVIDING A COMPETITIVE ALTERNATIVE PROPOSAL.



Please Type On Your Company Letterhead

Date

NCCI
Customer Service Center
P.O. Box 3098
Boca Raton, FL 33431-0998

Re: Risk ID *(if available)*

Gentlemen:

Please release our company's Workers Compensation Experience Modification and loss information to:

JLM Risk Management Group
1201 Peachtree St, NE
Bldg 400, Suite 300
Atlanta, GA 30361
jmoore@jlmriskmgmt.com

If the upcoming renewal data is not yet available yet, please send the most recent promulgation and supporting loss data.

Very truly yours,

Title
Name of Your Company



JLM Risk Management Group

Please Type On Your Company Letterhead

Insurance Company Name
Address

Re: Request for Historical Loss Information

- **Workers Compensation Policy Number**
- **General Liability Policy Number**
- **Commercial Property Policy Number**
- **Excess Liability Policy Number**
- **Directors & Officers Policy Number**

Dear Sirs:

Please forward the most recent historical loss information (2015-2020) on the above referenced company and policy (s) to:

JLM Risk Management Group
1201 Peachtree St, NE
Bldg 400, Suite 300
Atlanta, GA 30361
jmoore@jlmriskmgmt.com

Thank you in advance for forwarding this information within 30 days of the receipt of this request per the insurance commissioner's directive.

Should you have any questions or concerns please don't hesitate to contact me.

Sincerely,

Your Name
Company Name



JLM Risk Management Group