



Cobbs, Allen & Hall

ABS, INC. PROSPECT MEMBER INSURANCE SUBMISSION DATA FORM

Account Name: _____

Address: _____

Federal ID#: _____ Phone #: _____ Fax #: _____

Email Address: _____

Website Address: _____

Name of Contact Person: _____

Employees: _____ Estimated Payroll: _____

Years in Business: _____ Estimated Receipts: _____

Detailed description of operations other than lumber and building supply sales and service:

Yes No Construction – Describe: _____

Yes No Truss or other product manufacturing – Describe: _____

Yes No Retail sales other than lumber and building supply – Describe: _____

Yes No Equipment Rental – Describe: _____

Yes No Other Operations – Describe: _____



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**ABS, INC. PROSPECT MEMBER
INSURANCE SUBMISSION DATA FORM**

Please attach copies of the following:

1. Complete copy of current Workers Compensation, Automobile, General Liability, Property and Umbrella insurance policies
2. Current and prior year financial statement
3. Name, title and percentage of ownership for each owner, partner or principal, with a brief description of responsibilities of each
4. List of subsidiaries or affiliates (corporations, LLC's, partnerships, etc.)
5. If **NOT** included in copies of current insurance policies, please provide:
 - a. Vehicle list
 - b. Workers Compensation payroll and number of employees by classification
 - c. Equipment schedule (description and value)
 - d. Commercial Building Valuation form completed for each building to be insured.
6. Copy of current or renewal NCCI experience rating worksheets for Workers Compensation
7. Current Valued Loss Runs from all insurance carriers for the last five years

Note: You may obtain Items 6 and 7 from your current insurance agent or, if you prefer, you may request them directly from the NCCI and insurance carriers utilizing the two form letters attached.



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ALLIED BUILDING STORES COMMERCIAL BUILDING VALUATION REPORT

Named Insured: _____			
Location # _____	Building # _____		
Location Address: _____			
_____	_____	_____	_____
Street City State Zip Code			
Occupancy: _____			
(ie: Retail Store, Lumber Storage, Office, etc)			
Note: If multiple occupancy same building indicate % ie Retail 40% Office 60%			
Total Building Area: _____	# of Stories: _____		
Age of Building: _____	Date of Last Upgrade: _____		
Exterior Wall Type: _____			
ie: Frame/Wood, Frame/Brick Veneer, Concrete Block, Steel/Brick Veneer, Steel, etc			
Roof Type: _____			
Heated & Cooled % _____			
Sprinkler System: No _____ Yes _____ % _____			
Wet _____ Dry _____			
Your best estimate of "COST TO REPLACE" this building: \$ _____			
Is building owned by "Named Insured"? Yes _____ No _____			
If No – Building Owner: Name _____			
Address: _____			

Please estimate as accurately as possible the replacement value of building contents to be insured (furniture, fixtures, shelving, etc. DO NOT INCLUDE INVENTORY VALUE) \$ _____			



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RE: Loss Runs

Gentlemen:

Please forward copies of the loss runs for the last five years, if available, to Cobbs, Allen & Hall of LA Inc., 2250 Hospital Drive, Suite 120, Bossier City, LA 71111; Fax number (318) 524-2661.

Your earliest attention to this matter is greatly appreciated and we thank you for your assistance. If you need any further information, please advise.

Sincerely,



Cobbs, Allen & Hall

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

RE:
Experience Modification
Workers Compensation

Gentlemen:

Please forward the present or renewal experience modification to Cobbs, Allen & Hall of LA, Inc., 2250 Hospital Drive, Suite 120, Bossier City, LA 71111; Fax number (318) 524-2661 at your earliest convenience. If this insured is not yet rated, please confirm in writing.

If you need any further information, please advise.

Sincerely,