



*\* required information*

## **Application Equipment Breakdown**

- A. Brokerage Contact\*
  
- B. Email Address\*
  
- C. Brokerage Address
  
  
- D. Brokerage Phone #\*

*continue with requested application information*



**THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY**

P.O. Box 61509  
King of Prussia, PA 19406-0909  
Tel: (800) 472-7898  
Fax: (888) 311-8562

**REQUEST FOR QUOTATION**

(Quote submission can also be completed on line at [www.hsb.com/quote](http://www.hsb.com/quote))

SUBMISSION DATE	DATE QUOTE NEEDED	PROPOSED EFFECTIVE DATE
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**AGENCY INFORMATION**

AGENCY NAME

MAILING ADDRESS (No., Street) CITY STATE ZIP CODE

AGENCY CONTACT TELEPHONE NUMBER FAX NUMBER

**NEED TO HAVE THE FOLLOWING INFORMATION TO RELEASE A QUOTE**

NAME OF INSURED

MAILING ADDRESS (No., Street) CITY STATE ZIP CODE

**3 TO 5 YEAR LOSS HISTORY**

100% BUILDING VALUE \$ 100% CONTENTS VALUE \$ 100% BUSINESS INCOME VALUE \$ INCLUDE ORDINARY PAYROLL  Yes  No

ORDINARY PAYROLL VALUE \$ NUMBER OF DAYS VALUE OF COMPUTER SYSTEM \$

LOCATION TO BE QUOTED (No., Street) CITY STATE ZIP CODE

**NOTE: PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH LOCATION TO BE QUOTED.**

INSPECTION CONTACT TELEPHONE NUMBER

DESCRIPTION OF OPERATIONS

Manufacturing  Non Manufacturing  Tenant  or Owner AGE OF BUILDING BOILER  Yes  No

**HSB would like to have the following information:**

CURRENT BOILER CARRIER EXPIRING PREMIUM

REASON FOR MARKETING

INCUMBENT AGENT OR NEW

PROPERTY CARRIER PROPERTY PREMIUM PROPERTY DEDUCTIBLE

It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines and denial of Insurance benefits. **Values shown above must be accurate as of the date of this submission.**

AGENT SIGNATURE DATE SIGNED