

ACCOUNT QUICK INDICATION SHEET

Paratransit/School Bus/Business Auto Contractors

Please complete the following questionnaire to receive a **NON-BINDING INDICATION** for your client. Upon review, we will advise you of our availability for coverage in one of our programs and if you would like to receive a formal quotation, you will be required to submit a Full Appointment Application. Go to www.5starsp.com, click on "become appointed" from the top tool bar, choose "become appointed with Five Star Specialty Programs" and select "click here to get started". Applications are reviewed on a selective agency evaluation process and Quick Indication does not grant Full Appointment status. Upon review and approval of the full application, a formal quotation may be provided. **PLEASE RETURN THE QUICK INDICATION SHEET TO paratransit@5starsp.com.**

1. Applicant Name _____ *FEIN _____
2. Address _____ City _____ State _____ Zip Code _____
3. Effective Date _____
4. Description of Operations _____

Emergency Use/Response Yes No – If yes, explain _____

5. Account history and experience: Incurred Loss Valuation should be no more than 90 days old.

Year	Units	Premium	# of Claims	Incurred
Current				
1 st Prior				
2 nd Prior				
3 rd Prior				
4 th Prior				

6. List all large losses over 50K - DOL _____ Incurred Amt. _____
(use additional sheet if necessary)

7. Agency Name _____

Address _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____

E-mail _____ Fax _____

***Account will be cleared and logged in for your agency ONLY IF the FEIN is provided and the sheet is completed. We cannot clear and reserve without this information.**

Office Use:

Date	Underwriter	Action	Acid Test #

UW001-d Edited 09/26/08