

Livingston County Insurance Proposal Submittal Form

Agent _____ Address _____

Phone _____ City, State, Zip _____

<u>Coverage Type</u>	<u>Insurance Carrier</u>	<u>Best Rating</u>	<u>Coverage</u>	<u>Deductible</u>	<u>Quote</u>
8.1 Property					
Base	_____	_____	_____	_____	_____
Alternate	_____	_____	_____	_____	_____
8.2 Inland Marine					
Base	_____	_____	_____	_____	_____
Alternate	_____	_____	_____	_____	_____
8.3 Public Agency Multi-Class Liability					
Base	_____	_____	_____	_____	_____
Alternate	_____	_____	_____	_____	_____
8.4 Wrongful Employment Practices Liability					
Base	_____	_____	_____	_____	_____
Alternate	_____	_____	_____	_____	_____
8.5 Employee Benefits Errors or Omissions Liability					
Base	_____	_____	_____	_____	_____
Alternate	_____	_____	_____	_____	_____

8.6 Auto

Base	_____	_____	_____	_____	_____
Alternate	_____	_____	_____	_____	_____

8.7 Workers Compensation

Base	_____	_____	_____	_____	_____
Alternate	_____	_____	_____	_____	_____
Add'l Alternate	_____	_____	_____	_____	_____
Add'l Alternate	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

If one line of coverage may not be written without another supporting line of coverage please indicate so below. Line items that are combined must be clearly identified below. Alternates and additional coverage recommendations should be indicated below.

Notes:
