

Complete all applicable fields. Required submission package: this application, the completed Operations schedule (locations & exposures), and currently valued loss runs. Submit to underwriting@altruisgroup.com.

1. APPLICANT

Named Insured (legal name)	<input type="text"/>		
DBA / Trade name	<input type="text"/>		
Mailing address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
ZIP	<input type="text"/>	FEIN	<input type="text"/>
Contact	<input type="text"/>	Title	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Website	<input type="text"/>		

2. PRODUCING AGENCY / BROKER

Agency	<input type="text"/>	Producer	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Producer license #	<input type="text"/>		

3. BASIC INFORMATION

Effective Date *	<input type="text"/>
Insured Structure *	<input type="text"/>
Business Description *	<input type="text"/>
Industry Group *	<input type="text"/>

4. LIMITS & COVERAGES

Deductible *	<input type="text"/>
Occurrence Basis *	<input type="text"/>
TRIA *	<input type="text"/>
Years in Claims-Made * <small>(if Occurrence Basis = Claims-Made)</small>	<input type="text"/>
Increased Medical Payments *	<input type="text"/>
Limits Configuration *	<input type="text"/>
Hired and Non Owned Auto Liability?	<input type="text"/>
Add Employee Benefits Liability Coverage?	<input type="text"/>

6. APPLICANT STATEMENT & SIGNATURE

The undersigned declares the statements herein are true to the best of their knowledge. Submission does not bind coverage. Any person who knowingly provides false information may be subject to penalties under applicable state law.

Signature	<input type="text"/>	Date	<input type="text"/>
Printed name	<input type="text"/>	Title	<input type="text"/>