



*Specialists in the Placement of  
Property and Casualty Insurance  
Trucking and Non-Standard Automobile  
Other Specialty Classes  
Both Personal and Commercial  
Premium Financing by Suburban E-Z Financing*

5615 W. 95<sup>th</sup> ST. • P.O. BOX 5000 • OAK LAWN, IL 60455-5000

**MARCH, 2019**



# **PRODUCER'S POINTERS**

Phone 708-423-2350  
Main Fax 708-425-5077

Specialty  
Auto Binder Fax 800-427-2463

## **CONTRACTORS**

Immediate telephone quotes are available with our 'A' rated carriers for all types of contractors including:

- Concrete Construction
- Carpentry
- Door & Window Installation
- Electrical Work
- Fence Erection
- HVAC Contractors
- Landscaping
- Tree Trimming
- Masonry Work
- Painting
- Plumbing
- Roofing
- Siding Installation
- Swimming Pool Installation, Maintenance, Repair
- **And many other classes**



Complete the attached Quick Quote Application and Call **708-424-0100** Option 3

## **ROOFING CONTRACTORS**

We can provide quick, competitive quotes with our 'A' rated carriers for:

- Residential roofing contractors
- Commercial roofing contractors
- Repair
- Replacement
- New construction
- Limits to \$1M/2M
- Excess/Umbrella coverage available

Call us for an immediate quotation or send your submissions to [cl@buschbach.com](mailto:cl@buschbach.com)

## **SPECIAL EVENTS**

It's not too early to think Spring! Immediate quotes and binding are available for all your Special Events. Seasonal events include:

- Easter Egg Hunts
- Easter Bunny visits
- Fairs/Festivals
- Concerts/Parades
- Competitions
- Exhibitions
- Weddings/Receptions
- **And many other classes**



Call us at **708-424-0100**, Option 3.  
Or submit the enclosed application to [cl@buschbach.com](mailto:cl@buschbach.com).

## **BONDS**

We offer immediate quotations and prompt issuance for all types of Bonds including:

- License & Permit
- Insurance Producer
- Mileage Tax
- Motor Vehicle Dealer
- Probate
- Lost Instrument
- Public Official
- Notary Public
- Dishonesty
- Janitorial

Call us at **708-423-2350** for all your Bond needs.

## **SUBURBAN E-Z PREMIUM PAYMENT PLAN**

*For all your financing needs!*

## **PERSONAL LINES**

### **Specialty Products**

Our "A" rated carriers offer the following products which can be customized to meet your customers' needs:

### **Dwelling Fire including High-Value**

- One through four family
- Owner or tenant occupied
- Seasonal or secondary
- Vacant Renovations
- Course of construction/Builder's Risk
- Condominium unit owner's coverage
- Unprotected dwellings
- Vacant Land
- Vacation Rental
- Stand-alone other structures

## **WE WANT.....**

### **Your Personal Auto Business!**

With many markets to choose from, we offer immediate quotes, binding and policy issuance for all your personal auto business. Plus, we are here 61 hours per week to take your calls.

Call **708-424-0100**, Option 1

## **LAST MINUTE**

## **OPPORTUNITIES**

## **ARE OUR SPECIALTY!**

*Call us at 708-424-0100*

Buschbach Insurance Agency  
5615 W. 95<sup>th</sup> Street  
Oak Lawn, IL 60453

Company \_\_\_\_\_

Phone: 708-424-0100  
Fax: 708-425-5077  
Email: cl@buschbach.com

### CONTRACTOR'S QUICK QUOTE APPLICATION

ORDER  
 QUOTE ONLY

1. Name of Applicant: \_\_\_\_\_ Year Business Started: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Applicant is:  Individual  Partnership  Corporation  Other \_\_\_\_\_
4. Policy Period: From \_\_\_\_\_ To \_\_\_\_\_
5. Insured's operations are located at \_\_\_\_\_
6. Fully describe the Insured's Operation: \_\_\_\_\_  
\_\_\_\_\_
7. Prior years experience in this type of work: \_\_\_\_\_ As an Owner \_\_\_\_\_ As an Employee \_\_\_\_\_
8. Contractors License Number \_\_\_\_\_ License Holder:  Owner  Other: \_\_\_\_\_
9. Number of Owners: \_\_\_\_\_ Employees: FT: \_\_\_\_\_ PT \_\_\_\_\_ Payroll: Owners: \$ \_\_\_\_\_ Employee \$ \_\_\_\_\_
10. Gross Sales past year \$ \_\_\_\_\_ Estimated Sales this year \$ \_\_\_\_\_
11. Percent of work Subcontracted \_\_\_\_\_ % Cost: \$ \_\_\_\_\_ Are certificates of insurance obtained?  Yes  No  
Minimum GL Limits required of subcontractors: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate \_\_\_\_\_
12. Percent of Work: Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Office \_\_\_\_\_ %
13. Percent of Work: New construction \_\_\_\_\_ % Remodel \_\_\_\_\_ % Repair/Maintenance \_\_\_\_\_ %
14. Have you worked on any condominiums, town houses or tract homes in the past 5 years?  Yes  No
15. Do you frame residential dwellings?  Yes  No If yes how many over the past 2 years? \_\_\_\_\_
16. List four largest jobs in past 3 years:


19. Previous Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Exp Prem \_\_\_\_\_
20. Has coverage been cancelled or renewal refused?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
21. Number of Losses in last 3 years \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_
22. Limits of Liability Requested:  
General Aggregate \$ \_\_\_\_\_  
Products & Completed Operations Aggregate \$ \_\_\_\_\_  
Each Occurrence \$ \_\_\_\_\_  
Fire Damage (any one fire) \$ \_\_\_\_\_  
Medical Payments (any one person) \$ \_\_\_\_\_
23. Other Coverage Requirements: \_\_\_\_\_

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Broker: \_\_\_\_\_ Code: \_\_\_\_\_ Phone/Email: \_\_\_\_\_  
Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Audit Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

SIGNATURE: **X** \_\_\_\_\_ **X** \_\_\_\_\_  
Applicant Broker

IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.

Buschbach Insurance Agency  
5615 W. 95<sup>th</sup> Street  
Oak Lawn, IL 60453

Company \_\_\_\_\_

Phone: 708-424-0100  
Fax: 708-425-5077  
Email: cl@buschbach.com

## SHORT-TERM LIABILITY APPLICATION

ORDER  
 QUOTE ONLY

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Date(s) of Event: \_\_\_\_\_ Time(s) of Event: \_\_\_\_\_
4. Policy Period – From: \_\_\_\_\_ To: \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED		PREMIUMS
5. General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Terrorism
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Other
		\$
		Total
		\$
Minimum Earned Premium	% Deductible \$	

6. During the past three years has any company cancelled, declined or refused to issue any similar insurance to applicant? \_\_\_\_\_
7. Is other General Liability Insurance in force or have you previously carried coverage? \_\_\_\_\_
8. Record of loss experience \_\_\_\_\_

### UNDERWRITING INFORMATION(all questions must be answered).

9. Describe event in detail: \_\_\_\_\_
10. Location: \_\_\_\_\_
11. Estimated admissions: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_ No. Spectators: \_\_\_\_\_ No. Participants: \_\_\_\_\_
12. Are food or beverages sold or served by applicant?: \_\_\_\_\_ If so, explain: \_\_\_\_\_
13. Is liquor sold or served by the applicant or others during the event?: \_\_\_\_\_ If so, explain: \_\_\_\_\_
14. Describe security arrangements: \_\_\_\_\_
15. Describe seating arrangements (if applicable) \_\_\_\_\_
16. Is applicant required to sign a lease agreement? \_\_\_\_\_ if so, attach copy to application.
17. Are additional insured's required? \_\_\_\_\_ If so, list name(s) and describe interest of each.  
\_\_\_\_\_  
\_\_\_\_\_

Broker: \_\_\_\_\_ Code: \_\_\_\_\_ Inspection Contact: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

SIGNATURE:  \_\_\_\_\_ Date \_\_\_\_\_  
Broker, Applicant

IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.