SPECIALTY UNDERWRITERS LLC

Existing Account Quote/Add/Delete/Change Form

Submission Date _____ Effective Date _____
Requested By _____

☐ Quote (quote due date) _____ Quote Number _____
☐ Add (please provide quote number if previously quoted) _____
☐ Delete Item _____ Reason _____
☐ Change Item _____ Reason _____

Facility Name _____ Facility Number _____
Account Executive _____ Account Coordinator _____
Facility Contact _____

Site Name _____ Site Number _____
Department/Cost Center _____ Location _____

Equipment Manufacturer _____ Model _____
Replacement Value _____ Serial Number _____
Equipment Description _____

Contract Vendor _____ Contract/Invoice Number _____
Contract/Invoice Price _____ Contract/Warranty Expiration _____
Warranty Expiration _____

Note: A copy of the contract is Mandatory on all State Policies.

Note: If a contract is not provided, equipment will be priced using National Averages and/or similar equipment pricing (policy provisions and endorsements prevail).

Additional Copier Information

Usage/Allotment _____ ☐ Monthly ☐ Annually
Surcharge Rate _____ Current Meter Reading _____
☐ Drum Coverage ☐ Additional Services/Toner & Developer

Additional Laboratory/Bio-Pharmaceutical Information

Specific Inclusions of Coverage _____
Specific Exclusions of Coverage _____
☐ PM Coverage Frequency & Hours _____

Additional Comments

06.08.06