



Customized Insurance For Medical Offices Designed to Provide:

- Competitive Premiums
- Superior Quality and Service
- Broad Coverage

- **Business Interruption/Loss of Income**
- **Temperature Change/Spoilage Coverage**
- **Valuable Papers**
- **Non-Owned Auto Liability**
- **Employee Dishonesty**

TO RECEIVE QUOTE, PLEASE FAX THE COMPLETED APPLICATION TO: ATT TIM TAFT
(405) 557-5532 OR E-MAIL TO TTAFT@CLFRATES.COM

BusinessName: _____	Limits of Coverage:
Mailing Address: _____	Building \$ _____
_____	Roof Update year: _____
Street Address: _____	Electric Update year: _____
_____	Contents \$ _____
Insidecity limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Computers \$ _____
Additional Location: _____	Liability <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,00,000
_____	PremisesInterest <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
TelephoneNumber: _____	Year Built _____
FaxNumber: _____	Building Construction Type _____
ContactPerson: _____	# of Stories _____
Medical Specialty: _____	Sq. Ft. Occupied _____ Total Sq. Ft. _____
Federal ID No. _____	Sprinklers ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Business Structure:	Monitored Fire Alarm: Yes ___ No ___
<input type="checkbox"/> Corporation	Monitored Security Alarm: Yes ___ No ___
<input type="checkbox"/> Partnership	3 Year Loss History
<input type="checkbox"/> Sole Proprietor	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> OSMA Member	_____
<input type="checkbox"/> Non OSMA Member	_____
Current Carrier: _____	(Signed Officer, Partner or Sole Proprietor) (Date)
Gross Receipts: \$ _____	
Number of Employees: _____	

If you have questions, call: Tim Taft or Donna Baker

At: 405-290-5600 or 1-800-221-1825 E-mail: ttaft@clfrates.com - baker@clfrates.com