

Quick Quote – KS Townships

Property / Casualty Insurance Program

Brought to you by Conrade Insurance Group, Inc.



Name of Township

Your Name

Phone Number

Mailing Address

Billing Address (if Different from Mailing)

Email

Property Information

1st Location Address: _____

Building Limit

BPP (Contents) Limit

2nd Location Address: _____

Building Limit

BPP (Contents) Limit

General Liability - # of Total Road Miles: _____ Any Pesticide/Spraying? YES NO

Automobile Schedule	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Year & Make				
Model				
VIN #				

Limit of Liability: _____

Comprehensive Deductible: _____ Collision Deductible: _____

Crime Coverage – Employee Dishonesty Limit: _____

Equipment Floater / Inland Marine

Equipment Schedule	Item #1	Item #2	Item #3	Item #4
Year, Make & Model				
Serial #				
Insured Value & Deductible				



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Board Liability - # of Employees: _____ Annual Revenue: _____

Work Comp FEIN: _____

Code	Classification	Payroll
5506	Street/Road	
7710	Firefighter & Drivers	
7711	Firefighter & Drivers - Volunteer	

Code	Classification	Payroll
8810	Clerical/Office	
9410	Municipal Code	

Additional Information

Does township oversee any utilities (water, sewer, gas, electric, etc): Yes No
If Yes, please provide description of extent of services:

Is township responsible for any ownership of a dam, levee, lake or dike? : Yes No
If Yes, please provide information on joint ownership/maintenance, length/size/max depth of:

Is township involved in any fire-fighting activities or emergency medical services?: Yes No
If Yes, please provide information on joint ownership/maintenance, length/size/max depth of:

Any Losses/Claims in the past 5 years? : Yes No
If Yes, please provide description:

Are you aware of any circumstance that might give rise to claim in the future? : Yes No
If Yes, please provide description:

Signature

Date

