

# 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

1<sup>st</sup> Location Address: \_\_\_\_\_

\_\_\_\_\_  
Building Limit

\_\_\_\_\_  
BPP (Contents) Limit

2<sup>nd</sup> Location Address: \_\_\_\_\_

\_\_\_\_\_  
Building Limit

\_\_\_\_\_  
BPP (Contents) Limit

General Liability - # of Total Road Miles: \_\_\_\_\_ Pesticide Application Liability Needed?  
Yes No

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

Auto Policy  
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				

\*If Auto or Equipment Schedules have more than 4 items, schedule can be faxed or emailed to our agency.



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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 extent of any emergency services provided:

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 \_\_\_\_\_