@ RISK MANAGERS, INC.
Program Managers

INDICATION FORM SUBMITTED TO:
Producer: IT Risk Managers, Inc.
Attn: Auctioneer Program
Address: P.O. Box 504, Okemos, MI 48805

Telephone: 888-280-8710 **Fax: 775-402-1164** **E-mail:** submissions@itriskmanagers.com

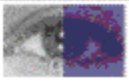
Quick Indication Form for Auctioneers Insurance Program

GENERAL AND PROFESSIONAL LIABILITY INSURANCE INDICATION FORM

1. Applicant's Legal & Trade Name:_____
2. Address: _____City _____State_____ zip_____
   Contact person: _____Title_____
3. Telephone Number: _____ E-mail address:_____
4. Applicant is: □ Individual □ Corporation □ Partnership □Other (Describe):_____
5. Website Address: _____
6. Association Membership with : National: □ Yes □ No: If yes, date membership established:_____
   State: □ Yes □ No: If yes, which state? _____ Date Membership Established: _____
7. What are your projected annual Gross Revenues: $_____
   (Gross revenue is defined as gross commissions earned, all fee income, plus all 1099 income earned).
8. Nature and Percentage of Gross Revenues: (Please check all that apply. Total should equal 100%)

□	Estate Sales, Consignment:,	_____%
□	Purchase items for your own account to resell at a later date:	_____%
□	Real Estate Auction Sales:	_____%
□	On-Line Auction sales or site:	_____%
□	Other	_____%
	Total of Percentages Above Must =	100%

9. Do you have a contract that your customer signs? □ Yes □ No
10. Are you a licensed real estate agent in all states, where you do business? □ Yes □ No:
    If yes, do you have a separate real estate E&O policy? □ Yes □ No:
    If yes, with whom: _____
    and what limits $_____ / $_____.
11. Do you have employees? □ Yes □ No If yes, number of employees: _____
12. Do you have general liability, professional liability or property or other insurance coverage now? □ Yes □ No
    If yes, please list: Renewal Data: _____

Coverage	Policy Period	Limits	Premium	Deductible	Insurer

SIGNED BY:_____
Applicant Date