

# REQUEST FOR QUOTE

GROUP# \_\_\_\_\_ PROPOSED DATE OF INCEPTION \_\_\_\_\_

CLASS CODES \_\_\_\_\_ ESTIMATED PREMIUM \_\_\_\_\_

NAME OF APPLICANT & ENTITIES (IF ANY):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAMES OF EXECUTIVE OFFICERS: \_\_\_\_\_  
 \_\_\_\_\_

ANY PRIOR POLICY WITH NYSIF: \_\_\_\_\_  
 (IF SO, GIVE DETAILS): \_\_\_\_\_

IF RATED, PROVIDE RB# AND LATEST EXP MOD: \_\_\_\_\_

**LOSS RUN FOR LAST 5 YEARS**  
**PLEASE ATTACH LOSS RUN FOR APPLICANT/ENTITIES:**

	PERIOD YEAR	ANNUAL PREMIUM	TOTAL LOSSES (OPEN&CLOSED)	# OF CLAIMS	LOSS RATIO
1					
2					
3					
4					
5					
<b>TOTAL</b>					

COMMENTS (IF ANY):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF GROUP MANAGER