

Bruce Gendelman Company, Inc
Alternate Risk Submission Form

Insured's Information

Organization:

Contact Name:

Phone, Cell, Fax, email, Street Address, City, State, Zip:

Company Overview:

Historical exposures

- Payroll
- Sales
- Vehicle Count

Estimated payroll, sales, and vehicle count:

Vehicle Count by State and Type, if AL requested:

List of Locations:

Employee Concentration per location:

Workers Compensation Loss History (5 years)

- Aggregate Summary
- Summary by Operating Companies
- Large Loss Listing

General Liability Loss History (5 years)

- Aggregate Summary
- Summary by Operating Companies
- Large Loss Listing

Workers Compensation Casualty Specifications:

General Liability Casualty Specifications:

Automobile Liability Casualty Specifications:

Financials- updated to be no more than 6 months old.

Subsidiary Listing and FEIN Numbers