



Quotation Request

Nonprofit & Health and Human Services

To see how Allied can help your organization, please provide the below information and return it at your earliest convenience to Kala Chavern.

Email: kchavern@alliedinsbrokers.com | **Fax:** 888-314-5366 | **Phone:** 412-535-9282

4 Gateway Center | 444 Liberty Ave. | Suite 400 | Pittsburgh, PA | 15222

SECTION I : GENERAL INFORMATION

- 1. Named Insured _____
- 2. Insured Contact _____
- 3. Phone _____
- 4. Billing Address _____
- City: _____ State: _____ Zip Code: _____
- 5. Email Address _____
- 6. Website Address _____
- 6. Number of Years in Operation _____
- 7. 501(C)(3) Nonprofit ___ or For-profit ___ (check one)

SECTION II : INSURANCE INFORMATION

- 8. Current Carrier _____
- 9. Renewal Date _____
- 10. Programs / Services Provided _____
- 11. Number of Locations _____
- 12. Number of Vehicles _____
- 13. Number of Employees _____, Volunteers _____, Subcontractors _____
- 14. Estimated Annual Budget or Revenue _____
- 15. Payroll _____

Signature _____

Title _____

Date _____