



MPIC QUOTE REQUEST FORM

Policy Effective Date _____

Municipality Name _____ County _____

Contact _____ Phone _____

Email _____ Fax _____

Address _____

Street City State Zip

Agent _____ Email _____

Liability Carrier _____ Automobile Carrier _____

Crime Carrier _____ Property Carrier _____

Primary Coverages

Buildings, Personal Property and Property In the Open

Requested Coverage Amount _____ Requested Deductible _____

Contractor's Equipment – (Coverage amount for equipment valued greater than \$25,000 per item)

Requested Coverage Amount _____ Requested Deductible _____

Equipment Breakdown – Coverage Requested YES/NO (Circle Selection)

Select Type:

- Equipment Breakdown without Sewer, Water or Utility
- Equipment Breakdown with Sewer and Water
- Equipment Breakdown with Power Generation or Distribution

Coverage Limit and Deductible for Equipment Breakdown will match those requested for the property limit, unless otherwise noted.

Alternate Requested Deductible _____

Additional Coverages Available

Monies and Securities – Requested Coverage Amount _____ Deductible _____

Business Income – Requested Coverage Amount _____ Deductible _____

Pier and Wharf Full Coverage* – Requested Coverage Amount _____

* Deductible is the greater of \$1,000 or 10% of the covered loss

Pier and Wharf Limited Coverage** - Requested Coverage Amount _____

** Coverage is limited to \$250,000 per loss. Deductible is the greater of \$1,000 or 10% of the covered loss

Pedestrian Bridge – Requested Coverage Amount _____ Deductible _____

Specific Limit Coverage – Requested Coverage Amount _____ Deductible _____

Fine Arts (Greater than \$50,000 per item)

Requested Coverage Amount _____ Deductible _____

Golf Course Grounds – Requested Coverage Amount _____ Deductible _____

Builders Risk Coverage (Greater than \$2,500,000 per project value. Up to \$30,000,000 value available)

Requested Coverage Amount _____ Deductible _____

All **Additional Coverages** selected may require additional information specific to the items of locations insured. This information should be provided by including additional narrative and schedules that reflect the exposures.

Deductible Options – Deductible Selections can be on a line by line basis. Please note the appropriate deductible for each coverage selected.

Deductible Options	
\$500**	\$25,000
\$1,000	\$50,000
\$2,500	\$75,000
\$5,000	\$100,000
\$10,000	\$250,000
\$15,000	\$500,000

** +24% surcharge applies to coverages where a \$500 deductible is selected

Please note the following documentation is necessary for complete accuracy in the quoting process:

- The last 3-5 years of applicable Loss Runs.
- Complete Statement of Values including the following:

Buildings & Personal Property Property in the Open Contractors Equipment

CERTIFICATION

I have reviewed the Statement of Values, if applicable, and certify it is a true and accurate listing of our property. I further agree to provide the requested documentation and complete the required forms as outlined above.

Name

Date

Municipal Property Insurance Company

9701 Brader Way, Suite 301, Middleton, WI 53562

Telephone: (608) 821-6303

Fax: (608) 821-0601

Email: policy@mpicwi.com