



DELANEY
Insurance Agency, Inc.

**For Indication of
Workers Compensation payroll:**

Class Code _____ Payroll _____
 Class Code _____ Payroll _____
 Class Code _____ Payroll _____

For Indications on General Liability

Receipts _____
 Payroll (field, excluding clerical and owners) _____
 Number of owners _____

For Indications on Property:

Value of Business Personal Property _____
 Value of Building _____ Sq. Feet of building) _____
 Age of Building _____ Sprinklered _____
 Central Station alarm _____ Construction _____

For indications on Auto:

| Truck/year | Full Coverage | Misc. equipment | remarks |
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For Indications on EPL

| Number of Employees | Full Time | Part Time |
|---------------------|-----------|-----------|
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