



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 – Requested Coverage Amount _____ Deductible _____

Pedestrian Bridge – Requested Coverage Amount _____ Deductible _____

Specific Limit Coverage – Requested Coverage Amount _____ Deductible _____

Additional Extra Expense – 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 _____

Cyber Coverage (Greater than \$25,000 included)

Requested Coverage Amount _____ Deductible _____

All **Additional Coverages** selected may require additional information or supplemental applications relevant to the requested coverage. This information can be provided by including an additional narrative, required questionnaire or 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	
\$1,000	\$50,000
\$2,500	\$75,000
\$5,000	\$100,000
\$10,000	\$250,000
\$15,000	\$500,000
\$25,000	\$700,000

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