

# LAWYERS OFFICE - FAST TRACK INSURANCE APPLICATION

To receive a free no-obligation quotation complete this application and return to our office. We will contact you within 48 hours with a status update. If you have any questions please contact the Agent of Record (see below).

**First Choice Insurance Agency**  
**Jeffrey Cassidy - Agent of Record**  
**Direct Line: 703-382-2342 Fax: 703-483-9934 E-mail: JGC@FCIAGENCY.COM**  
**P.O. Box 150337, Alexandria, VA 22315**  
**www.fciagency.com**

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Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Effective/Renewal Date \_\_\_\_\_ Current Insurance Carrier \_\_\_\_\_

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## BUSINESS INFORMATION

Applicant is a:            Corp                    Partnership            PLLC                    Individual

Other \_\_\_\_\_

Explain the areas of law practiced by your firm: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PREMISES INFORMATION**

List all locations:

Loc. #	Street, City, County, State, Zip Code	Interest Owner/Tenant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**PREMISES INFORMATION - continued**

Loc. #	Building Age	Building Construction*	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Alarm	Burglar Alarm
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

\* Building Construction: F = Frame, MA = Masonry, MNC = Masonry Non-combustible, M = Metal

**Building Improvements - Indicate Year Improvement Made**

COMPLETE ONLY IF BUILDING IS OVER 30 YEARS OLD

Loc. #	Heating	Plumbing	Roofing	Wiring
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**PROPERTY COVERAGE**

Loc. #	Building*	Contents
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

\*Include limit only if you own building or if you are required by lease to insure the building.

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**LIABILITY COVERAGE**

Select Limit:      \$500,000/\$1,000,000  
                             \$1,000,000/\$2,000,000  
                             \$2,000,000/\$4,000,000

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**GENERAL QUESTIONS**

Does your total gross sales exceed \$15,000,000	Yes	No
Do you have more than 50% interest in any other business	Yes	No
Any past, pending or planned bankruptcy of applicant or any officer, partner, member or owner of applicant in the past five years	Yes	No
Has coverage been cancelled on non-renewed in last three years	Yes	No
Any building designated as a Historic or Landmark Registry Property	Yes	No
Any complaints, claims or lawsuits within the past 5 years involving matters of privacy breach, identity theft, disparagement, libel or any other personal or advertising injury issue	Yes	No

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**UMBRELLA LIABILITY - optional coverage**

Select Limit	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000
	\$5,000,000	Other \$		

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**WORKERS COMPENSATION** - complete Workers Compensation application, see [www.fciagency.com](http://www.fciagency.com)

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**COMMERCIAL AUTO** - complete Commercial Auto application, see [www.fciagency.com](http://www.fciagency.com)

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**CLAIMS** - please provide details of any claims in past 3 years. Attached Loss Runs if available.

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**SIGNATURE**

By signing below you acknowledge that the statements and answers provided on this application are truthful and accurately represent your business at this time and that no substantial changes are anticipated..

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type Name: \_\_\_\_\_ Date: \_\_\_\_\_

Additional information may be necessary. Not all businesses will qualify for quotation.

**If any questions contact Jeffrey Cassedy @ 703-382-2342 or e-mail [JGC@FCIAGENCY.COM](mailto:JGC@FCIAGENCY.COM)**