



**Indication Worksheet
Life Science and Biotechnology Products**

1. Named Insured: _____
2. Web Site Address(s): _____
3. How long have you been in business? _____
4. Describe your operations/Products: _____

5. Current Year/Previous Year/Estimated Next Year Revenue: _____ / _____ / _____
6. Current liability carrier(s): _____
7. Is the present program on an Occurrence or Claims Made form: _____
 - a. Retro date if Claims Made: _____
8. What coverages are included under the current program or desired :
 - a. Products/Completed Operations _____ General Liability/Premises _____
 - b. Other: _____
9. Current primary and excess Limits: _____ Requested Limits if different: _____
 - a. General Liability (Premises and Operations): _____
 - b. Products/Completed Operations: _____
 - c. Other: _____

Current or desired deductible/SIR: _____
10. Have you had any losses over \$25,000 during the last five years? Y N
 - a. If yes, please explain? _____

**Forward to your Westrope Broker or Sandie Mullen, Life Science Practice Leader
816-412-7556 – smullen@westrope.com**

FOR A QUOTATION PLEASE ALSO SUBMIT:

- Commercial and General Liability Acords
- Loss Experience
- Life Science Supplemental Application

**PROPERTY | CASUALTY | EXECUTIVE & PROF LIABILITY | BINDING AUTHORITY | LIFE SCIENCES
WORKERS' COMP | HEALTHCARE | CONSTRUCTION | TRANSPORTATION | CLAIMS | AGRIBUSINESS**

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