



Court-Ordered Community Service / Inmate Work Release Application for Proposal



Name of Government Entity: _____

Address: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Person(s) to be covered: Jail Trustees ____ Community Service ____

Number of person(s) by age:

12 & Under ____ 13 to 15 ____ 16 to 18 ____ 19 & Older ____ Max Age of Persons Working ____

What type of activities will the covered person(s) be doing?

How often will the covered person(s) be working?

Is there any additional information you would like to share?

Should coverage include travel to and from the activities listed above? Yes ____ No ____

Desired Effective Date: _____ Expiration Date: _____

PRIOR COVERAGE:

If no prior coverage, please check here:

Insurance company name: _____

Effective Date: _____ Renewal Date: _____

Please provide details of your current program, including coverage benefits, a copy of your current policy and 3 years premium and loss history. If your current policy is over \$50,000, please provide detailed claims data.



BROKER INFORMATION:

Agency Name: Hunt Insurance Group, LLC

Agency Address: 3606 Maclay Blvd. S., Ste. 204, Tallahassee, FL 32312

Contact Name: Dan Lancaster

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