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AGRICULTURAL CHECK LIST

AGENCY NAME: _____ DATE: _____

To better assist A.I.M.S. in providing you with a timely and competitive quote please complete this form and attach to all submissions sent to our office.

Account Name:

Date of Submission:

Date Required for Quote:

Current Policy Premium:

Indicate Desired Premium:

Name of Agency:

Address:

Contact Person:

Phone Number:

Fax Number:

E-mail address:

If there is any other item that we should be aware of prior to preparing a quote please let us know.