

COMMERCIAL QUOTE

PHONE NUMBER: _____

EMAIL: _____

BUSINESS NAME: _____

NEW BUSINESS: WHEN DID YOU OPEN: _____ YEARS OF EXP. IN INDUSTRY: _____

DESCRIPTION OF BUSINESS ACTIVITIES: _____

ADDRESS: _____

MAILING ADDRESS: _____

WEBSITE: _____

OWNER(S) NAME: _____

DOB: _____ FEIN AND/OR SSN: _____

CURRENT CARRIER: _____ RENEWAL DATE _____

LENGTH OF CONTINUOUS COVERAGE: _____ ANY CLAIMS? _____

EST GROSS RECEIPTS (INCOME BEFORE EXPENSES) FOR THIS YEAR: \$ _____ LAST YEAR: \$ _____

OF OWNERS: _____ FULL TIME: _____ PART TIME: _____ TOTAL PAYROLL FOR OTHERS: \$ _____

DO YOU CARRY WORK COMP INSURANCE? WOULD YOU LIKE A QUOTE FOR WORK COMP?

PERSONAL PROPERTY/CONTENTS AMOUNT: \$ _____ IS THERE A LOAN ON THE ITEMS?

DATA PROCESSING EQUIPMENT AMOUNT (Computers, printers, etc.): \$ _____

BUILDING COVERAGE:

YR BUILT: _____ SQUARE FEET OF YOUR SPACE: _____ TOTAL # OF TENANTS IN THE BUILDING: _____

NUMBER OF STORIES: _____ BUILDING CONSTRUCTION (frame, joisted masonry, etc.): _____

ROOF TYPE: _____ ROOF AGE: _____ ALARM: _____ SPRINKLER SYSTEM: _____

***IF OWNED**, AMOUNT OF BUILDING COVERAGE NEEDED: \$ _____ LOAN ON THE BUILDING?

***IF LEASED**, HAVE YOU BUILT OUT ANYTHING IN THE SPACE (Shelving, walls, counters, etc.) \$ _____

ARE YOU RESPONSIBLE FOR EXTERIOR GLASS? SQ FT: _____ BUILDING DEDUCTIBLE: _____

AUTO COVERAGE: ALL DRIVERS NEED LISTED

NAME: _____ DOB: _____ DL#: _____ CDL CLASS _____

NAME: _____ DOB: _____ DL#: _____ CDL CLASS _____

YEAR: _____ MAKE: _____ MODEL: _____

VIN: _____ EQUIPMENT: _____ DEDUCTIBLE: _____

YEAR: _____ MAKE: _____ MODEL: _____

VIN: _____ EQUIPMENT: _____ DEDUCTIBLE: _____