



**COMMERCIAL INSURANCE QUOTE**

**Type of quote requested:** Business Owners (Property & Liability) \_\_\_\_\_ Commercial Auto \_\_\_\_\_ Umbrella \_\_\_\_\_  
 Workers Compensation \_\_\_\_\_ Contractor's Liability \_\_\_\_\_ Other (please describe) \_\_\_\_\_

Requested Effective Date \_\_\_\_\_ Tax ID/FEIN \_\_\_\_\_

Full Business Name \_\_\_\_\_ Year Business Established \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Business Website \_\_\_\_\_ Legal Entity: Individual \_\_\_ LLC \_\_\_ Corporation \_\_\_ Partnership \_\_\_

Describe Exact Nature of Business:

Mailing Address: \_\_\_\_\_ County \_\_\_\_\_

Location Address (if different) \_\_\_\_\_

Sprinkler System: Yes \_\_\_ No \_\_\_ Number of Condo/Apt Units \_\_\_\_\_ Number of Stories \_\_\_\_\_

Construction Type \_\_\_\_\_ (Frame, Masonry, Joisted Masonry)

Smoke Detector: Local \_\_\_ Central \_\_\_ Burglar Alarm: Local \_\_\_ Central \_\_\_ Circuit Breakers: Yes \_\_\_ No \_\_\_

Basement: Yes \_\_\_ No \_\_\_ Roof Type: Flat \_\_\_ Pitched \_\_\_ Sq Footage of Building \_\_\_\_\_ Sq Footage you occupy \_\_\_\_\_

Year Built \_\_\_\_\_ (if building is more than 20 years old, please indicate the year each of the below was updated)

Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Heating \_\_\_\_\_

\*Requested Building Limit \$ \_\_\_\_\_ \*(if customer owns the building, need building limit)

Contents Limit (business personal property) \$ \_\_\_\_\_ Deductible: \$500 \_\_\_ \$1000 \_\_\_ \$1500 \_\_\_ \$2500 \_\_\_ \$5000 \_\_\_

Annual Gross Sales/Receipts/Rent \$ \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_ # of Employees: P/T \_\_\_ F/T \_\_\_

General Liability Limits Each Occurrence: \_\_\_\_\_ Medical Expenses: \$5000 \_\_\_ \$10,000 \_\_\_ \$25,000 \_\_\_

Loss History: (list all losses in the last three years, including details, amount paid and if the claim is open or closed)

Current Carrier: \_\_\_\_\_ Current Monthly Premium: \_\_\_\_\_

**\*\*\*\*\*Please attach current Declaration pages to ensure accurate quote and limits needed. These are especially needed for Workers Compensation & Commercial Auto, as the additional information that is needed to quote, is listed on the Declaration Pages.**