

QUOTATION REQUEST FORM

GENERAL INFORMATION:

Insured Name:		D.B.A:	
Business address:			
Mailing address:			
Phone number:	Fax number:	Contact person:	
Email:	Website		

BUSINESS INFORMATION:

Year started:	# of Years experience:	# of full time employees	# of part time employees:	Federal id #:
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TYPE OF THE BUSINESS:

"C" corporation	Partnership	LLC	Individual
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COMPLETE DESCRIPTION OF BUSINESS PROPERTY:

	Building value:	Square footage	% Occupied by insured	# of Floors:	Construction of building:	Year built:
location #1						
location #2						

UPDATES:

Roof: yes no	Electrical: yes no	Hvac: yes no	Plumbing: yes no
Fire extinguishers: yes no	Sprinklers: yes no	Smoke detectors: battery or wired	Security Alarm: Local or central

CONTENTS VALUE:

Business income value:	Business possession: owned or leased	Deductible requesting \$500 \$1000 \$1500
Mortgage or leinholder:	Additional Insures Requested:	Mortgage / Additional insureds:

GENERAL LIABILITY:

	Location #1	location #2
Occurrence:		
Aggregate limit:		
Fire legal liability limit:		
Gross annual sales:		
Payroll:		
Additoinal insureds:		
Subcontractors used:	yes no	yes no
Sub agreement used:	yes no	yes no
Any vacant land: - acres		
Cost of subcontractors:		
Sub contracts obtained:	yes no	
Any leased buildings: #		

Please complete information on next page, and provide copy of sub-contractor agreement

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AUTOMOBILE INSURANCE:

Limit of liability:	Hired / non owned liability:	Hired physical damage:
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VEHICLE INFORMATION VEHICLE

Year: Make: Model: Vin#	Cost new:	Gross weight:
Used:	Collision yes or no	Deductible amount:
Comprehensive: yes or no	Radius of use: 50 100 200 unlimited	Garage zip code:
Lease payee: yes or no	Loss payee:	
Name	Address	

DRIVERS:

Name:	State licensed:	Date of birth:
Drivers license #:	Any accidents or tickets: yes no	

WORKERS COMPENSATION:

Business description:		
Payroll:	Number Of full time employees:	# Of part time employees:
Excess/ Umbrella:	Limit of liability requested:	Self- insured retention:

ADDITIONAL INFORMATION NEEDED:

Current insurance information:	Carrier:	Expiration date:
Property premium:	Liability premium:	Auto premium:
Workers comp premium:	Umbrella premium:	

3 Years loss runs report
 Copy of marketing materials: (Brochures, pamphlets, etc.)