

**Business Insurance Quote Information**

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ Website \_\_\_\_\_

**Current Insurance Company** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Please indicate which coverages are needed and coverage details**

\_\_\_ Liability \_\_\_300/600 \_\_\_500/1M \_\_\_1M/2M \_\_\_ Other \_\_\_\_\_

\_\_\_ Building/Contents Bldg Limits \_\_\_\_\_ Contents Limits \_\_\_\_\_

Year Built \_\_\_\_\_ Total Bldg Sq Ft \_\_\_\_\_ # Stories \_\_\_\_\_

Roof Age \_\_\_\_\_

\_\_\_ Commercial Auto Vehicles titled to \_\_\_ Corp \_\_\_ Owner

\_\_\_ Work Comp Unemployment # \_\_\_\_\_ Experience Mod \_\_\_\_\_

Full Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_ Seasonal Employees \_\_\_\_\_

Class Code	Payroll
_____	_____
_____	_____
_____	_____

\_\_\_ Employee Practices Liability Insurance Current Coverage Amt. \_\_\_\_\_

\_\_\_ Crime Empl Dishonesty \_\_\_\_\_ A/R \_\_\_\_\_ Val Papers \_\_\_\_\_ Money \_\_\_\_\_

\_\_\_ Computers/Data Current Coverage Amt. \_\_\_\_\_

\_\_\_ Contractor Tools & Equipment

Blanket Tools \$ \_\_\_\_\_

Scheduled Tools Over \$500 \$ \_\_\_\_\_

Installation Floater \$ \_\_\_\_\_

Property In Transit (Care, Custody and Control) \$ \_\_\_\_\_

\_\_\_ Subcontractors % work subbed out \_\_\_\_\_ Require proof of subs insurance? Y N