



Commercial Insurance Quote Request Form

Insured Information

Named Insured: _____ Policy Effective Date: _____

Mailing Address: _____

First Name: _____ MI: _____ Last Name: _____

Location Address: _____

Phone Number: _____ License #: _____

Email: _____ Website: _____

Description of Business

Description of Operations: _____ FEIN#: _____

Entity Type (IE Corp/Sale Prop/LLC): _____ Years in Business: _____

Years' Experience: _____ FT Empl: _____ PT Empl: _____ Owner Payroll: _____

Annual Sales: _____ Employees Payrolls: _____

Building/Store Information

Location #: _____ Building #: _____ # of Stories _____ Year Built _____

Owner or Tenant Of Building _____ Total Sq feet: _____ Sq foot occupied: _____

Year Built: _____ Upgrades to Electric _____ Roof: _____ Plumbing: _____

Construction type (frame/Metal/Brick): _____ Alarm Y/N _____ Sprinklers Y/N: _____

Coverages Information

Building Value: _____ Contents: _____ Business Income: _____

General Liability Limit \$1,000,000/2,000,000 _____ Umbrella Limit: _____

Landlord/Owner of Premises: Name: _____ Address: _____