

COMMERCIAL/BOP QUOTE INFORMATION

DATE: _____

NAME: _____ DBA _____ PHONE: _____

LLC S CORP INCORP INDIVIDUAL YEARS IN BUSINESS: _____

TAX ID: _____

MAILING ADDRESS: _____ CITY _____ ZIP: _____

LOCATION ADDRESS: _____ CITY _____ ZIP: _____

COUNTY: _____

EMAIL: _____ WEBSITE: _____

NAME OF CURRENT CARRIER: _____ EXPIRATION DATE: _____

LOSSES IN THE LAST 5 YEARS _____

TYPE OF BUSINESS: _____

COVERAGES NEEDED: BUS PROP GL WC BUS AUTO BOND

NUMBER OF EMPLOYEES: FULL TIME _____ PART-TIME _____

NAME ON DEED/LEASE _____

OCCUPANCY-OWNER _____ TENANT _____ YRS AT ADDRESS _____

BUILDING COVERAGE AMT _____ REPLACEMENT/ACV CO INS % _____

BUSINESS PERSONAL PROPERTY AMT _____ REPLACEMENT/ACV

LIABILITY _____ MEDICAL EXPENSE _____

DEDUCTIBLE _____

FOR BUILDING:

YEAR BUILT: _____ FRAME/MASONRY VEN/MASONRY #OF STORIES _____ SQ FT _____

FOUNDATION: SLAB/CRAWLSPACE/BASEMENT BASEMENT FINISHED Y/N

HEAT: GAS/ELECTRIC AGE OF FURNACE: _____ ROOF TYPE _____ AGE _____

PLUMBING TYPE _____ AGE _____ WIRING _____ AGE _____

SPRINKLER SYSTEM Y/N TYPE OF ALARM SYSTEM _____

ANY COMMERCIAL COOKING ON PREM Y/N ANY DEEP FRYERS _____ TYPE OF

VENTILATION _____ LAST DATE CLEANED _____

****ASK WHO HAS PERSONAL INSURANCE POLICIES-NEED A QUOTE FOR THAT ALSO**

INITIALS: _____