

BUSINESS CLIENT QUOTE**APPLICANT INFORMATION****DATE:**

Contact Name:

Email:

Business Name:

Phone:

Fax:

Current address:

City:

State:

ZIP Code:

Entity:

Website:

Owners: Individual / Partnership / CORP / LLC / INC:

Owner's Name(s) and Position/Title(s):

1.

% of ownership:

Inc/Exl:

DOB

2.

% of ownership:

Inc/Exl:

DOB

Family Members:

Inc/Exl:

COMPANY INFORMATION**HOW LONG IN BUSINESS/EXPERIENCE**

Tax ID #

BUSINESS DESCRIPTION:

Number of Seasonal Employees:

Volunteers/Donated Labor:

Use Sub Contractors?

Need Certificates?

More than 50% ownership in any other business?

CURRENT INSURANCE INFORMATION

Lines Of Business/Expiration Dates/Current Company:

GENERAL LIABILITY COVERAGES

LIABILITY LIMITS:

CLASS CODES/PAYROLL:

CLASS CODES/PAYROLL:

GROSS RECEIPTS:

FT / PT EMPLOYEES:

INLAND MARINE COVERAGES

EQUIPMENT:

SCHEDULED AMOUNT \$

UNSCHEDULED AMOUNT\$

List all scheduled equipment/ *have client send list*
(Year, make, model, serial #)

BUSINESS CLIENT QUOTE**PROPERTY COVERAGES****MAIN LOCATION ADDRESS:**

BUILDING:	B PER PROP:	Construction: (Frame, joisted masonry, light non-combustible, masonry non-combustible)	
YEAR Built:	Updated:	Sq Ft:	Sq Ft Occupied:
Roof Type:	<input type="checkbox"/> Roof, <input type="checkbox"/> Electric, <input type="checkbox"/> Heating, <input type="checkbox"/> Plumbing	Basement: Y <input type="checkbox"/> / N <input type="checkbox"/>	Stories:
Heat Source (boiler, forced air gas, fuel oil, etc.):		% of Building w/ Sprinklers:	
Alarm System:		Monitoring Company:	
List of other building tenants:			
# of Employees at Location:		Gross annual sales:	
Mailing Address:			
Lienholder/Loss Payee/Mortgagee:			
Comments:			

OTHER LOCATION ADDRESS:

BUILDING:	B PER PROP:	Construction:	
YEAR Built:	Updated:	Sq Ft:	Sq Ft Occupied:
Roof Type:	<input type="checkbox"/> Roof, <input type="checkbox"/> Electric, <input type="checkbox"/> Heating, <input type="checkbox"/> Plumbing	Basement: Y <input type="checkbox"/> / N <input type="checkbox"/>	Stories:
Heat Source (boiler, forced air gas, fuel oil, etc.):		% of Building w/ Sprinklers:	
Alarm System:		Monitoring Company:	
List of other building tenants:			
# of Employees at Location:		Gross annual sales:	
Mailing Address:			
Lienholder/Loss Payee/Mortgagee:			
Comments:			

LOSS HISTORY

Any losses in the last 3 years?

If yes, dates and amounts paid:

BUSINESS CLIENT QUOTE**COMMERCIAL AUTO***(FILL IN UNLESS TOO LONG - HAVE CLIENT SEND LIST OF VEHICLES AND DRIVERS)***DOT #**

Vehicle #1 Year:	Make:	Model:	VIN:
Liability Limits:		Comp Ded:	Coll Ded:
Gross Vehicle Weight:	Value New:	Current Value:	
Vehicle #2 Year:	Make:	Model:	VIN:
Liability Limits:		Comp Ded:	Coll Ded:
Gross Vehicle Weight:	Value New:	Current Value:	
Vehicle #3 Year:	Make:	Model:	VIN:
Liability Limits:		Comp Ded:	Coll Ded:
Gross Vehicle Weight:	Value New:	Current Value:	

DRIVER LIST

Name:	DOB	DL#
Name:	DOB	DL#
Name:	DOB	DL#
Name:	DOB	DL#

If more Vehicles & drivers list below or *(have clients send list and drivers list)***WORKERS COMP COVERAGES***HAVE CLIENT SEND CURRENT DEC SHEETS ALSO*

WORKERS COMPENSATION LIMITS:		FED ID #	UIN #	
EMPLOYEES:				
CLASS CODES	PART TIME EMPLOYEES	PAYROLL	FULL TIME EMPLOYEES	PAYROLL
# PART TIME:		# FULL TIME:		
# Employees under 16:		# Over 60:	# Disabled:	
LOSSES: DATE/AMOUNTS		LOSSES: DATE/AMOUNTS:		
Safety Manual:		Return to Work Program:		
How many locations do you have?				
Do you work or have offices in any other states?				

OTHER COVERAGES/COMMENTS: