

Commercial Insurance Quote Questionnaire:

Name of Business: _____

Address: _____

Contact Person's Tel #: _____ Cell #: _____

Fax #: _____ Email Address: _____

Legal Entity: _____

Type of Business: _____

Building Owner: _____ Owner-Occupied: _____

List all occupants of building and area that they occupy: _____

Year Built: _____ Type of Construction: _____

Building Updates: Roof: _____ HVAC: _____ Elec: _____ Plumb: _____

Building Sprinklered: (Y) ___ (N) ___ % _____

Type of Alarm System-Fire: _____ Theft: _____ Central System: _____

Type of Heat: _____ Any Supplemental Heating: _____

Years at Current Location: _____ Any Employees: (FT) _____ (PT) _____

Sales/ Receipts/ Rental Income (Estimate): _____

Payroll by Employee and Class if Contractor: _____

If Contractor, list last (5) jobs and work completed: _____

Any work subcontracted? If so % and type of work: _____

Property Flood Zone: _____ Provide Flood Quote: Yes _____ No _____

Other locations to be covered: _____

Claims within 5 years for all policies: _____

Loss runs available: _____

Current Carrier: _____ Premium: _____ Exp. Date: _____

Building Limit: _____ BPP Limit: _____ Liability Limit: _____ Excess: _____

Loss of Income Coverage Included: _____ Property of Others: _____

Mobile Equipment/Tools/Property at Job Sites: _____

Current Premium: _____ Quote Worker's Comp: Yes _____ No _____

Payroll and Class Code: _____

Quote Business Auto: _____ Any Vehicles used or owned by business: _____

If quoting, need vehicles and driver info:

Special Coverage, COI's, Conditions, Notes:

