



COMMERCIAL QUOTATION

Prospect Name: _____

Expiration Date: _____

Customer Phone: _____

Agent: _____

Notes:

Commercial Quote Information Sheet

General Information

Does customer have current coverage? _____ Effective Dates: _____
 Current carrier: _____ Current Premium: \$ _____
 Customer Name: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Is billing address same as above? _____ County: _____
 Phone: _____ Fax: _____
 Cell: _____ Email Address: _____
 FEIN/SS#: _____ Year Business Started: _____
 Are there any Farm Employees? _____ If so, how many: _____ Owners Years' Experience: _____
 Business Type: ___ Sole Proprietor ___ Corporation ___ Partnership ___ Subchapter "S"
 Insurance needed: ___ GL ___ Auto ___ Equipment ___ Property ___ Umbrella ___ Work Comp

Description of Operations:

Workers' Compensation

Limits Required: *These limits listed below are in hundreds of thousands*
 \$100/500/100 (State Required Minimum) _____ \$500/500/500 _____ \$1Mil/1Mil/1Mil _____
 Number of Employees: _____ Are Sub Contractors Used? _____
 Are Certificates Required for Sub Contractors? _____

Job Descriptions:

Job Description	# of Employees	# of Full Time Employees	# of Part Time Emp.	<u>PAYROLL</u>
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Payroll for Sub Contractors (if any): _____

Excluded officers/ owners:

NAME	DOB	DUTIES	TITLE	% OWNED	<u>PAYROLL</u>
					\$
					\$
					\$
					\$

Notes:

AUTOMOBILE

Limits of Liability: _____
Physical Damage Deductible: Comprehensive: _____ Collision: _____ Fire/Theft/Specified Perils: _____
MedPay: ___Yes ___No

Vehicle Schedule

YEAR	MAKE	MODEL	VALUE	DEDUCTIBLE Minimum \$250.	VIN
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

*Use another sheet if needed

Driver Information

<u>Name</u>	<u>License #</u>	<u>DOB</u>	<u>State Licensed</u>

*Use another Sheet if necessary

Property

Property 1:

Location Address: _____
County: _____ Owner Occupant Tenant Lessors Risk
Building Value: \$ _____ Personal Property Limit: \$ _____
Construction Type: Frame Masonry Other _____
Roof Type: _____ Year Built: _____ Total Area: _____
Number of Stories: _____ Basement: Yes No
Alarm Type: Local Monitored
If building is over 20 years old, Year of Last updates for Heat, Plumbing, Wiring, and Roof: _____
Loss Payee: _____

Property 2:

Location Address: _____
County: _____ Owner Occupant Tenant Lessors Risk
Building Value: \$ _____ Personal Property Limit: \$ _____
Construction Type: Frame Masonry Other _____
Roof Type: _____ Year Built: _____ Total Area: _____
Number of Stories: _____ Basement: Yes No
Alarm Type: Local Monitored
If building is over 20 years old, Year of Last updates for Heat, Plumbing, Wiring, and Roof: _____
Loss Payee: _____

Property 3:

Location Address: _____
County: _____ Owner Occupant Tenant Lessors Risk
Building Value: \$ _____ Personal Property Limit: \$ _____
Construction Type: Frame Masonry Other _____
Roof Type: _____ Year Built: _____ Total Area: _____
Number of Stories: _____ Basement: Yes No
Alarm Type: Local Monitored
If building is over 20 years old, Year of Last updates for Heat, Plumbing, Wiring, and Roof: _____
Loss Payee: _____

Property 4:

Location Address: _____
County: _____ Owner Occupant Tenant Lessors Risk
Building Value: \$ _____ Personal Property Limit: \$ _____
Construction Type: Frame Masonry Other _____
Roof Type: _____ Year Built: _____ Total Area: _____
Number of Stories: _____ Basement: Yes No
Alarm Type: Local Monitored
If building is over 20 years old, Year of Last updates for Heat, Plumbing, Wiring, and Roof: _____
Loss Payee: _____

Umbrella:

Umbrella provides Excess Liability Only. It does not provide additional money to rebuild structure or replace a vehicle. It only provides excess liability in the event you are sued.

Are you interested in an Umbrella Policy? Yes No Amount: \$ _____

NOTES: