

COMMERCIAL INSURANCE | QUOTE REQUEST

GENERAL INFORMATION

COMPANY INFORMATION

COMPANY NAME

(individual if sole proprietorship)

ENTITY TYPE
(select one)

LLC

LLP

Corporation

Sole
Proprietor

Partnership

Other

PHYSICAL ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL ADDRESS

ANNUAL GROSS
REVENUESYEARS IN
BUSINESS

FEIN

OPERATIONS

(select one if your company's operations match any of the following)

APARTMENTS

CONTRACTOR

MANUFACTURING

RESTAURANT

SERVICE

CONDOMINIUMS

INSTITUTIONAL

OFFICE

RETAIL

WHOLESALE

BUSINESS DESCRIPTION

(what does your company do?)

POLICY INFORMATION

CURRENT POLICES

(which of the following does your company have an active policy for?)

Business Owners (BOP)

Liability Only

Property Only

Business Auto

Professional Liability

Farm Liability

Workers Compensation

Other(s)

REQUESTED LINES TO QUOTE

(select at least one)

Business Owners (BOP)

Liability Only

Property Only

Business Auto

Professional Liability

Farm Liability

Workers Compensation

Other(s)

DESIRED EFFECTIVE DATE

(for new policies)

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PROPERTY SECTION

BUILDING INFORMATION

BUILDING DESCRIPTION

PROPERTY INTEREST
(select one)

Owner - Lessor

Owner - Occupied

Tenant

PHYSICAL ADDRESS

CITY

STATE

ZIP

SQUARE FEET
OCCUPIEDCONSTRUCTION
TYPEREPLACEMENT
COSTYEAR
BUILTTOTAL
STORIES

BUILDING FEATURES

SPRINKLERED?

Yes

No

FIRE
ALARM?

Yes

No

BURGLAR
ALARM?

Yes

No

BUSINESS PERSONAL PROPERTY (optional)

VALUE

DESCRIPTION

OTHER BUILDING NOTES

LIABILITY SECTION

REQUESTED GENERAL LIABILITY LIMITS

Per Occurrence Limit

\$

Medical Expense

\$

Other

Aggregate Limit

\$

Damage to Rented
Premises

\$

SCHEDULED ADDITIONAL INSUREDS / LOSS PAYEES

TYPE

NAME & ADDRESS

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BUSINESS AUTO SECTION

VEHICLE NUMBER ONE

YEAR	MAKE	MODEL	VIN
<input type="radio"/> FULL COVERAGE		<input type="radio"/> LIABILITY ONLY	

VEHICLE NUMBER TWO

YEAR	MAKE	MODEL	VIN
<input type="radio"/> FULL COVERAGE		<input type="radio"/> LIABILITY ONLY	

ADDITIONAL INFO

NUMBER OF DRIVERS

MAX RANGE DRIVEN

OPTIONAL AUTO COVERAGES (skip this section by providing your declaration pages)

DEDUCTIBLES (if full coverage is selected for any vehicle)

COLLISION	COMPREHENSIVE	LIABILITY
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SELECT YOUR COVERAGE PACKAGE - SELECT ONE (customization available, not all options available with all carriers/vehicles)

PREMIER

- 1 Million CSL Liability
- 1 Million UM/UIM
- 5000 Medical Payments
- Rental Reimbursement
- Increased Towing
- Hired and Non-Owned Vehicle Coverage
- Blanket Additional Insured
- Blanket Waiver of Subrogation

PREFERRED

- 500,000 CSL Liability
- 500,000 UM/UIM
- 1000 Medical Payments
- Rental Reimbursement
- Increased Towing
- Blanket Additional Insured
- Blanket Waiver of Subrogation
- Scheduled Autos Only

BASIC

- 300,000 CSL Liability
- Rejected UM/UIM
- Rejected Medical Payments
- Scheduled Autos Only

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ADDITIONAL COVERAGES – SELECT ALL THAT APPLY

(which of the following would you be interested in learning more about?)

Data Breach/Cyber Liability	Employee Dishonesty	Employment Practices Liability
Crime Insurance	Inland Marine	D&O Liability

ADDITIONAL INFORMATION
