

Commercial Business Quote Form

Named Insured-Entity: _____

DBA (Business Name): _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____

Phone:

Cell: _____ Business Phone: _____

Email: _____ Business Fax: _____ Preferred contact:

Contact Person: _____

SS#/Federal Tax I.D. _____

Business web-site: _____

Date business started: _____ Years of experience in business: _____

Type of business organization:

If partnership/corporation/LLC, please list owner names: _____

Requested effective date: _____

Current Insurance Company(s):

Company: _____ Coverage: _____ Effective Date: _____ Expiration Date: _____

Company: _____ Coverage: _____ Effective Date: _____ Expiration Date: _____

Company: _____ Coverage: _____ Effective Date: _____ Expiration Date: _____

Payroll and Sales/Receipts Information

Annual payroll: \$ _____ (Note: Do not include business owner's or corporate officer's salary/payroll.)

Annual gross sales/receipts: \$ _____

of employees: Full time: _____ Part time: _____

Do you use subcontractors? _____ If yes, what is annual subcontracted cost? _____

Any losses in the last three years? _____ (If yes, give complete details below.)

Nature of Business/Description of Operations

Please describe the nature of the
business: _____

Please provide information on losses (if
any): _____

Coverages

(Please check all coverages that you are interested in being quoted.)

- Commercial General Liability
- Commercial Property (building, contents, business income)
- Commercial Inland Marine(equipment, tools, cargo)
- Commercial Auto
- Garage Coverage (auto service, sales repair)
- Workers Compensation
- Professional Liability /Errors and Omissions
- Directors and Officers Liability
- Employment Practices Liability
- Cyber Liability