

Commercial Property Only Quote Sheet

(We must have all this information completed in order to review and quote)

Agency Name _____

Named Insured _____ [] Individual [] Partnership [] Corp [] LLC

Address _____ City _____ St _____ Zip _____

FEIN # or Social Security Number _____ Phone # _____

Contact Name _____ Email Address _____

Years in business _____ if new or no current coverages years of experience _____

Description of operations (If I this is a lessors risk need operations of tenant) _____

Renewal Date _____ Current Carrier _____ Target Premium _____

3 Year prior Losses_ (3 year company loss runs will be required in order to bind coverage) _____

Location Address _____ City _____ St _____ Zip _____

Protection Class _____ Construction [] Frame [] Joisted Masonry [] Metal [] Masonry Non combustible

Property Deductible _____ Annual Receipts/Sales _____ Annual Payroll _____

Building Value _____ Contents Value _____ Loss of Income Limit _____

Is the Building Vacant _____ If not who are the occupants (and description of their operation) _____

Sprinklered [] yes [] No Central Alarm [] yes [] no Sq. Footage _____ Number Stories _____

Year Built _____ (If over 20 years old need to know year the following were updated):

Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

Optional Coverages

Employee Dishonesty Limit _____ Exterior Sign Limit _____

Spoilage Limit _____ Property off Premises Limit _____

Computers: Hardware Limit _____ Software Limit _____

Account Specific Coverages:

In order to bind coverage we are going to need three year company loss runs.