

# 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 N/C \_\_\_\_

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 \_\_\_\_\_

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.**