

INSURANCE SOLUTIONS EQUIPMENT QUOTE SHEET

Agency Name _____

FEIN/SSN _____

Named Insured _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone Number _____

Description of Clients Operations _____

Type of Business: Sole Prop/Ind. _____ Partnership _____ LLC _____ Corp _____ Non Profit _____

Years in Business _____ If new, number of years experience in industry _____

Prior Carrier _____ Exp Date _____ Exp Premium _____

Loss History (3 years) – Attach loss runs _____

Location Address Where Stored _____

Equipment Schedule Total Limit _____

1. Year _____ Manufacturer _____ Model _____
Serial Number _____ Limit _____ Leinholder: Y _____ N _____

2. Year _____ Manufacturer _____ Model _____
Serial Number _____ Limit _____ Leinholder: Y _____ N _____

3. Year _____ Manufacturer _____ Model _____
Serial Number _____ Limit _____ Leinholder: Y _____ N _____

4. Year _____ Manufacturer _____ Model _____
Serial Number _____ Limit _____ Leinholder: Y _____ N _____

5. Year _____ Manufacturer _____ Model _____
Serial Number _____ Limit _____ Leinholder: Y _____ N _____

6. Year _____ Manufacturer _____ Model _____
Serial Number _____ Limit _____ Leinholder: Y _____ N _____

Leinholder Name _____ Item # _____

Address _____ City _____ State _____ Zip _____

Leinholder Name _____ Item # _____

Address _____ City _____ State _____ Zip _____