

LIQUOR STORE 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 _____

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 /NC ____

Property Deductible _____ Annual Receipts/Sales _____ Annual Payroll _____

Building Value _____ Contents Value _____ Loss of Income Limit _____

Sq. Footage _____ Sprinklered Yes ____ No ____ Central Alarm Yes ____ No ____

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

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

General Liability Limited Requested \$500,000 _____ \$1,000,000 _____

Liquor Liability Limited Requested \$500,000 _____ \$1,000,000 _____

Hours of Operation _____ (24hour operations are ineligible)

Is there a gun on the premises _____ (If yes the risk is ineligible?)

Optional Coverages

Employee Dishonesty Limit _____ Exterior Sign Limit _____

Account Specific Coverages:

IN ORDER TO BIND COVERAGE WE ARE GOING TO NEED THREE YEAR LOSS RUNS FROM CURRENT COMPANY (PLEASE GO AHEAD AND REQUEST THEM)AND SIGNED APPLICATIONS.