

Date:

QUICK QUOTE SHEET - Commercial Business

General

Name of Risk: Type Corporation Individual LLC

Mailing Address: City: State: Zip:

Check if same as mailing

Location: City: State: Zip:

Prior Insurance: Yes No Losses in the past 5 years? Yes No Year In Business:

Operations Description

General Liability

Limits of Liability: 100K 300K 500K 1M 1M/2M Other: Excess Liab. 1M 2M 3M 4M 5M

Additional Insured: Yes No Interest:

Hazard	Premium Basis	Exposures
01	<input type="radio"/> U (Units) <input type="radio"/> P (Payroll) <input type="radio"/> A (Area) <input type="radio"/> S (Sales) <input type="radio"/> O (Employees) <input type="radio"/> G (Gallons) <input type="radio"/> T (Other)	<input type="text"/>
02	<input type="radio"/> U (Units) <input type="radio"/> P (Payroll) <input type="radio"/> A (Area) <input type="radio"/> S (Sales) <input type="radio"/> O (Employees) <input type="radio"/> G (Gallons) <input type="radio"/> T (Other)	<input type="text"/>

Apartment Buildings (U) - Contractors (P) - Lessor's Risk, offices(A) - Retailers, Wholesalers (5) -Garage (0) - Gas Stations (G)

For Apartment Buildings:

of Units: #. of Pools: Recreational Facilities: Yes No Low Inc./Subsidized Housing: Yes No

For Restaurants, Bars, and Nightclubs:

Table Service: Yes No Dance Floor: Yes No Hrs of Operation: % Liquor:

Entertainment: Yes No Liquor Liab: Yes No Liq. Liab. Limit: Liq. Sales:

For Lessor's Risk:

Occupancy (tenants)

Property

Building: Contents: Business Income: Other:

Form: Special Broad Basic Valuation: RC ACV Wind: Yes No Theft: Yes No

Glass Limit: Glass Linear Feet Sign Limit:

Year Construction: Type of Const. Frame JM MNC Fire Resist. No. Floors: Prot. Class:

UL Approved Alarm: Yes No Building Updates: Yes No Update Year: Bldg SQFT

Notes:

Producer Information

Agency Name: Contact: Phone:

Producer Number Fax: Email:

SUBMIT FORM