

Commercial Quote Information Sheet

General Information

Does customer have current coverage? _____ Effective Dates: _____

Current carrier: _____ Current Premium: \$ _____

Customer Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is billing address same as above? _____ County: _____

Phone: _____ Fax: _____

Cell: _____ Nextel Private ID: _____

Email Address: _____

FEIN/SS#: _____ Year Business Started: _____

Direct Employees of Contractor: _____

Business Type: _____ Sole Proprietor _____ Corporation _____ Partnership _____ Subchapter "S"

Managers/Owners Years Experience: _____

Insurance needed: ___GL ___Auto ___Equipment ___Property ___Umbrella ___Work Comp

Description of Operations:

Workers' Compensation

Limits Required:

\$100/500/100 (State Required Minimum) _____

\$500/500/500 _____

\$1Mil/1Mil/1Mil _____

*These limits are in hundreds of thousands

Number of Employees? _____

Are Sub Contractors Used? _____

Are Certificates Required for Sub Contractors? _____

Job Descriptions:

Job Description	# of Employees	# of Full Time Employees	# of Part Time Emp.	<u>PAYROLL</u>
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Payroll for Sub Contractors(if any): _____

Excluded officers/ owners:

<u>NAME</u>	<u>DOB</u>	<u>DUTIES</u>	<u>TITLE</u>	<u>% OWNED</u>	<u>PAYROLL</u>
					\$
					\$
					\$
					\$

Notes:

Information taken by: _____

Date: _____

Designated Agent:

CSR:

General Liability

Limits: ___ 300,000/600,000 ___ 500,000/1,000,000 ___ 1,000,000/2,000,000

Total Direct Payroll: \$ _____

Gross Receipts: \$ _____

*Owners and officers mandatory payroll used is \$24,400 each

For Contractors

Are Sub Contractors Used? _____

Total Sub-Contracted Work Cost: \$ _____ Insured Sub Cost \$ _____

Uninsured Sub Cost: \$ _____

% Commercial Work: _____ % Residential Work: _____ % Work Sub-Contracted: _____

Type of Work Sub-Contracted: _____

Are Certificates Required on Subs? _____

*Complete description of operations on first page will be fine to use as rating class for General Liability

Notes:

Information taken by: _____ Date: _____

Designated Agent:

CSR:

Equipment

YEAR	MAKE	MODEL	VALUE	DEDUCTIBLE Minimum \$250.	SERIAL NUMBER
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Storage Practice: _____

Employee Tools Value (if any): _____

Owned and Borrowed Limit: _____

Unscheduled Tools (Total Value): _____

Rental Expense Reimbursement: ___ Yes ___ No

Rented/Leased Contractors Tools & Equipment Value: \$ _____

Notes:

Information taken by: _____

Date: _____

Designated Agent:

CSR:

*Use another Sheet if necessary

Property

Location Address: _____

County: _____

Owner Occupant **Tenant** **Lessors Risk**

(If rental) Type of Operation: _____

Building Value: \$ _____ **Personal Property Limit:** \$ _____

Construction Type: **Frame** **Masonry** **Other** _____

Roof Type: _____

Year Built: _____ **Total Area:** _____ **Number of Stories:** _____

Basement: **Yes** **No** **Sprinklers:** **Yes** **No**

Alarm Type: **Local** **Monitored**

If building is over 20 years old, Year of Last updates for Heat, Plumbing, Wiring, and Roof: _____

Loss Payee: _____

*Use another sheet if more than one property or building

Umbrella:

Yes No

Amount: \$ _____

NOTES:

Information taken by: _____

Date: _____

Designated Agent:

CSR: