

Commercial Quick Quote Sheet

Business Name: _____

Address: _____

Contact Name and Telephone Number: _____

Description of Operations: _____

How long in business? _____ Years of Experience: _____

Number of Owners: _____

Number of Employees and estimate of annual payroll: _____

Est. Annual Gross Receipts: _____ Any Prior Insurance _____

**Type of Coverage: General Liability
Commercial Property**

**Workers Compensation
Commercial Auto**

General Liability:

Limits of Liability Requested: \$ 100,000 _____ \$300,000 _____ \$500,000 _____
\$1,000,000 _____

Workers Compensation:

Limit Requested: \$100,000 _____ \$500,000 _____ \$1,000,000 _____

Estimated payroll by classification: _____

Commercial Property

Address (if different from above) _____

Value: _____ Year Built _____ Construction Type _____

of Stories _____ Monitored Alarm _____ Any Losses _____

Business Personal Property? if so, limit _____

Commercial Auto

List of Vehicles _____

List of Drivers _____

Radius of Operations Local _____ 100-300 Miles _____ Over 300 Miles _____

Coverages Requested: Liability Limit _____

Physical Damage Deductible _____ Uninsured Motorist _____

Prior Insurance? If so, current carrier _____

Any Losses? _____

Fax this form to 225-272-4609