

Request for Quote Form
Property and Liability Policy



Name of Business: _____

Check one: Corporation LLC Partnership Individual / Sole Proprietor

Address: _____

Mailing Address: _____

Contact Person: _____

Phone Numbers: _____ Fax Number: _____

E-Mail: _____

Website: _____

Description of Operations _____

List States in which the entity operates: _____

Years in Operation: _____ Annual Payroll: _____ Federal ID Number / SS#: _____

Do you currently have insurance: Yes No

If yes : Current Company _____

Expiration Date of Policy: _____

Have you had any losses? Yes No

PROPERTY:

Building Location and Occupancy: _____

Owner Occupied Tenant Occupied Leased Construction Type: _____ # of Stories: _____

Year Built: _____ Sprinkler System: _____

Building Coverage Limit: _____ Deductible: _____

Personal Property Limit: _____ Deductible: _____

Business Income/ Loss of Rent Limit: _____

Building Location and Occupancy: _____

Owner Occupied Tenant Occupied Leased Construction Type: _____ # of Stories: _____

Year Built: _____ Sprinkler System: _____

Building Coverage Limit: _____ Deductible: _____

Personal Property Limit: _____ Deductible: _____

Business Income/ Loss of Rent Limit: _____

Building Location and Occupancy: _____

Owner Occupied Tenant Occupied Leased Construction Type: _____ # of Stories: _____

Year Built: _____ Sprinkler System: _____

Building Coverage Limit: _____ Deductible: _____

Personal Property Limit: _____ Deductible: _____

Business Income/ Loss of Rent Limit: _____

LIABILITY:

Requested Limits : _____ each Occurrence / _____ Aggregate

Any Products Related to: Aircraft/Space [] Medical []

Additional Insureds: _____

UMBRELLA LIABILITY:

Limit: \$ _____ Retention: _____