

TP Insurance Broker LLC

"Get quoted and save!"

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Commercial Insurance Quote Information

Business Name: _____
dba: _____
SSN/EIN: _____
Address: _____
Telephone: _____ Fax: _____ Web Site: _____
Entity Type: ___ Sole Proprietorship ___ Partnership/LLP ___ LLC ___ Corp ___ Other (list): _____
Business Type: _____ Year Established: _____
Number Employees: _____ Annual Sales: _____ Building: ___ Own ___ Rent
Total Locations: _____ Area occupied at this location (sqft): _____
Contact Person (First, Last): _____
Email: _____ Phone: _____

Business Owner Policy Coverage Amount Requested

Liability Limit: ___ \$1,000,000 per occurrence / \$2,000,000 aggregate
___ \$2,000,000 per occurrence / \$4,000,000 aggregate
Damage to Rented Premises: ___ \$100,000 ___ \$300,000 ___ \$500,000
Personal Business Property est. value: \$ _____
Property Deductible ___ \$500 ___ \$1000 ___ \$2500 ___ \$5000
Current Insurer: _____ Expiration Date: _____
Number of Lost Time Claims*: _____ Loss Amount: _____

Worker Compensation

Annual Payroll: _____ Employees: ___ F/T ___ P/T
Current Insurer: _____ Expiration Date: _____
Number of Lost Time Claims*: _____ Number of Medical Claims*: _____ Loss Amount: _____
Employer's Liabilities: ___ 100/500/100 ___ 500/500/500 ___ 1000/1000/1000 ___ 2000/2000/2000
Deductible: ___ \$500 ___ \$1000 ___ \$2500 ___ \$5000
Included Officers: ___ Yes ___ No
Officers Name & Title (First, Last):
1. _____ Salary: _____
2. _____ Salary: _____
3. _____ Salary: _____

Please note this additional information:

*Most recent 5-year Loss Run Report required (if applicable)

In the connection with this application for insurance, our insurance carriers may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. Our insurance carriers may use third party in connection with development of your insurance score. This information may also be used to provide with a quote for other insurance products they offer.