

Commercial Business Quote Sheet

Name: _____ DOB: ___/___/___ SS#: _____

Ownership Name (if Corporation please fill out with Cor. Name): _____

Location Address: _____ City: _____ State: _____ Zip: _____ Year Built: _____

Purchase Price: _____ How Many Floors: _____ How Many tenants: _____ Total SQFT: _____

Owner Occupied: Yes / No Occupancy Rate? _____%
Please Circle One

Mailing Address: (if different than above) _____ City: _____ State: _____ Zip: _____

Phone Numbers : Work # _____ Cell # _____

Email Address: _____

Type of Construction: Frame / Joisted Masonry / Masonary Noncombustible / Fire Restant
Please Circle One

Type of Building: Office / Shopping Center / Service / Mixed / Other : _____
Please Circle One

Updated: Roof Year Updated: _____ Electric Year Updated: _____

Plumbing Year Updated: _____ HVAC Year Updated: _____

Owner or Tenant Occupied (Please circle one)

Miles to Fire Department: _____ Feet to Fire Hydrant: _____

Sprinkler Installed (100%) / All Units: Yes No Central Fire / Burglar Alarm: Yes No

Are you in City Limits? Yes No Annual Rental Income: _____

Current Insurance: Carrier: _____ Annual Premium: \$ _____ Policy #: _____

Expiration Date: ___/___/___ Years With Prior Carrier: _____ Years With Continuous Coverage _____

Current Building Coverage: _____ Current Liability Coverage: _____

Any Optional Coverage : _____

Any Claims in Last 3 yrs: (Date, and Details) _____

Bank (Lender) Address: _____

Lender's Email address: _____

Loan #: _____

In connection with this application for insurance, we may review your credit report or obtain or use a credit based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score

I Acknowledge and Accept

In connection with this application for insurance, we may review your claims history or loss experience and may report claims made by you to a claim's history provider

I Acknowledge and Accept