

# COMMERCIAL LIABILITY & PROPERTY QUOTE

REGISTERED CORPORATE NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TAX ID #: \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNERS	SS#	DATE OF BIRTH	% OF OWNERSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_ TOTAL PAYROLL: \$ \_\_\_\_\_

YEARLY GROSS RECEIPTS: \$ \_\_\_\_\_ SQUARE FOOTAGE OCCUPIED: \_\_\_\_\_

CURRENT LIABILITY CARRIER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

BUILDING VALUE: \$ \_\_\_\_\_ CONTENTS VALUE: \$ \_\_\_\_\_

## EQUIPMENT TO INCLUDE FOR PROPERTY COVERAGE:

<u>EQUIPMENT</u>	<u>VALUE</u>
_____	_____
_____	_____
_____	_____

CURRENT PROPERTY CARRIER: \_\_\_\_\_ ANY LOSSES IN THE PAST 3 YEARS: \_\_\_\_\_  
Letter on company letterhead stating no losses if none obtained \_\_\_\_\_ Past 3 years loss runs ordered \_\_\_\_\_

CURRENT W/C CARRIER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CURRENT GROUP HEALTH CARRIER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CURRENT ACCIDENT / DISABILITY CARRIER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CURRENT COMMERCIAL AUTO CARRIER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_