



Commercial – Quote Needs

Account/Business Name: _____

Point of Contact Name: _____

Account Phone Number(POC): _____

Account Email Address(POC): _____

Website: _____

Year Business Started: _____ # of Employees: _____

Legal Business: Sole Proprietor Corporation Partnership LLC

FEIN/SSN: _____

Address: _____ City: _____ Zip: _____

Business Operations: _____

Current Carrier: _____ Policy Dates: _____

TARGET EFFECTIVE DATE: _____

MISC

BLDG Size: _____ BLDG Age: _____ BLDG Value: _____

Occupancy: Owner, Tenant, Vacant

BLDG Deductible(s): _____ Prop Deductible(s): _____

GL Limits: _____ Number of Owners: _____

Payroll w/o Owner(s): _____

Gross Receipts/Revenue: _____

Loss Runs: _____

BOR Possible: Y or N