

Small Business Quote Sheet

1. APPLICANT INFORMATION

Today's Date: _____ Effective Date: _____ Years in Business: _____ Experience: _____
 Named Insured: _____ Contact: _____
 Mailing Address: _____ Phone Number: _____ Fax Number: _____
 _____ County: _____ FEIN/ SS# _____
 City, State, Zip: _____ Email: _____ Website: _____

Description of Operations: _____

Corporation Individual Partnership Joint Venture LLC Other: _____

Annual Sales: _____ % Sub-Contracted: _____ Annual Payroll: _____

Prior Carrier: _____

Has coverage ever been canceled/ non-renewed? _____

Claims made in the past 3 years? Yes ___ No ___ Description (use back)

Do you offer Health Plans: _____ Do you have a safety Program? _____

Does your Equipment move from job to job? _____ (Attach a list if needed)

Description	Year	Serial #	Value \$

Do you have property in your possession that belongs to others? (Property of Others Coverage) _____

Do you have miscellaneous tools (Value under \$1000 you wish to insure? _____

Do you leave uninstalled material on a job site? _____ Value? _____

Do you Rent/Lease equipment (Loss Payee)? _____

Do you have possession of property belonging to others that you are repairing/moving? _____

Would you like a quote for an Umbrella to provide excess coverage over your GL, WC & Auto? _____

What Limit: _____

2. LOCATION INFORMATION

Location Address: _____

Construction: Frame Joisted Masonry Non-Combustible Masonry NC Fire Resistive

Year Built: _____ Updates: Electrical: _____ Plumbing: _____ Roof: _____ Heating: _____

Total Sqft: _____ Occupied Sqft: _____ Other Occupants: _____

Sprinklered: _____ Alarm: Burglar Fire Central Station Other _____

of Stories _____ Basement _____

3. PROPERTY

- Building: _____
- BPP: _____
- BPP of Others: _____
- Ordinance or Law Coverage
 Cov A Cov B: _____ Cov C: _____
- Property Off Premises: _____
- Spoilage: _____
- Transportation: _____
- Property Extension End: _____
- PD Deductible: \$500 \$1,000 _____
- Flood: _____

4. GENERAL LIABILITY

- Business Liability Limit (in 000's):
 \$500/\$1,000 \$1,000/\$2,000 \$2,000/\$4,000
- Employee Benefit Liability Limit (in 000's):
 \$500/\$500 \$1,000/\$1,000 \$2,000/\$2,000
- Professional – (Type): _____
 \$500/\$1,000 \$1,000/\$2,000 \$2,000/\$4,000
Retroactive Date: _____
- Non-Owned Automobile: # of Employees: _____
- GL Extension Endorsement
- Additional Insureds: _____

- Waiver of Subrogation: _____

- Contract Requirements – Request copy.

5. Workers Compensation

FEIN/SS#: _____
EXPERIENCE MOD FACTOR: _____ **DATE:** _____

States Covered: _____

Employers Liability Limit (in 000's):
 \$100/\$500/\$100 \$500/\$500/\$500

Deductible: \$500 \$1,000

Waiver of Subrogation: _____

Contract Requirements – Request copy.

Payroll Information

Job Description	Payroll	# Employees	
		F/T	P/T

Officer Information

Name	Title	P/R	DOB	Incl/Excl

6. Automobile - PLEASE PROVIDE COPY OF DL AND SS# FOR DRIVERS

LIABILITY LIMIT:
 \$300,000 \$500,000 \$1,000,000

Medical Payments
 None \$5,000 \$10,000

Uninsured Motorist
 \$75,000 Equal Liab. \$ _____

Comprehensive
 None \$250. \$500 \$1,000 \$ _____

Collision
 None \$250. \$500 \$1,000 \$ _____

Are All Vehicles titled in business name? Yes _____ No

Vehicle #1
 VIN: _____
 Year: _____ Make: _____ Model: _____
 Usage: PPT Service Commercial
 Radius: _____ GVW: _____ Comp Coll

Vehicle #2
 VIN: _____
 Year: _____ Make: _____ Model: _____
 Usage: PPT Service Commercial
 Radius: _____ GVW: _____ Comp Coll

Vehicle #3
 VIN: _____
 Year: _____ Make: _____ Model: _____
 Usage: PPT Service Commercial
 Radius: _____ GVW: _____ Comp Coll

Vehicle #4
 VIN: _____
 Year: _____ Make: _____ Model: _____
 Usage: PPT Service Commercial
 Radius: _____ GVW: _____ Comp Coll

Driver List: (Exactly as it appears on license)

Driver Name	DOB	State	License #

Attach additional list if needed

7. Umbrella / Excess Liability

LIABILITY LIMIT:
 \$1,000,000 \$2,000,000 \$3,000,000
 \$4,000,000 \$5,000,000 \$ _____

Contract Requirements – Request copy.

8. Miscellaneous / Notes
