

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