FIELD & MAIN
INSURANCE

Commercial Quote Information Sheet

COMPANY NAME(S)_____ Date_____

Mailing Address _____

_____

Business Phone_____ EMAIL ADDRESS_____

Contact Name & phone _____ (for Accounting records & property inspection)

Physical location (if different from mailing)_____How long in business_____(if new, how many yrs of exp)

Currently insured? _____ copy of policy or coverages/limits _____

Federal Employers Identification Number: _____ (or SS# if sole proprietor)

Property Coverage questions:

YEAR built_____ SQUARE FT_____ CONSTRUCTION: Brick Frame Stone/Concrete Other_____

Any other BUILDINGS on property?_____ Dimensions of other BLDGS _____

UPDATES to the following & what year? ROOF_____ HEATING_____ ELECTRICAL WIRING _____ PLUMBING_____

Do you need EARTHQUAKE insurance _____ Do you need MINE SUBSIDENCE Insurance _____ Flood? _____

Additional insureds/Mortgagee _____

100% occupied by you _____other tenants_____what % is yours_____

Liability Coverage questions:

Class of business-specifics on work (carpentry, electrical, residential, commercial, etc)

Payroll _____ Sales _____

Subcontracted work?_____ Hold Harmless or Additional insureds required? _____

Aggregate Limits requested $500,000 $1,000,000 $2,000,000

# of employees _____ Do you need Workers Compensation?_____ (if so, payroll per duties)

Inland Marine Equipment-mobile equipment, installation floater, EDP equipment

Year/Make/Model/Value/Serial #s for all_____

Business Auto-Liability limits/physical damage

Vehicle Schedule/driver Schedule (Name/DOB/DL#)

Please request complete summary of insurance coverages from your current agent as well as 5 years loss runs

Revised January 2015