

### General Information

Company Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owners 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_ Inspection Contact \_\_\_\_\_

Federal ID # \_\_\_\_\_ Year Business Started \_\_\_\_\_

Legal Entity Type:      Corp.    Sole Prop.    Partnership    LLC

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Description of operations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*Loss runs

**Property Worksheet**

Complete for each Building

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_ Construction \_\_\_\_\_

Sprinkler \_\_\_\_\_ Burglar Alarm \_\_\_\_\_ Who Monitors \_\_\_\_\_

Update years: Roof \_\_\_\_\_ HVAC \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_

Occupancy: \_\_\_\_\_

Contents Limit: \_\_\_\_\_

Deductible:    250    500    1000    2500    5000

Building Limit: \_\_\_\_\_ \*Please note that I will generate a current replacement cost estimator using the above information.

Number of stories: \_\_\_\_\_

**General Liability Quote Form**

- |  |                            |
|--|----------------------------|
| 1. Description of work performed<br>(class code) | Payroll (annual estimated) |
|--|----------------------------|

Example : interior carpentry	\$150,000
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Example: restaurant	\$225,352
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2. Annual Sales by activity (if more than one)

Description	Annual Sales
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Example: soft drinks distribution	\$11,000,000
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Example: auto parts sales	\$2,565,392
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**Business Auto**

Vehicle List					(Y or N)	
Year	Make	Model	VIN	Cost New	Comp	Collision
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

[Add More]

Driver List		
Name	Date of Birth	Drivers License #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Add More]

Liability Limit	\$500,000	\$1,000,000		
Comprehensive Deductible	250	500	1000	2000
Collision Deductible	250	500	1000	2000