# COMMERCIAL INSURANCE QUOTE REQUEST FORM

Please complete the applicable sections to request a commercial insurance quote.

## 1 BUSINESS INFORMATION

**Legal business name**

**Entity type (LLC / corporation / sole proprietorship)**

**Year founded**

**Business email**

**Business phone**

**Mailing address**

**Physical / business address**

**Description of business operations**

## 2 GENERAL LIABILITY

**Gross annual sales**

**Annual subcontractor costs**

**Number of employees**

**Total annual payroll**

## 3 COMMERCIAL PROPERTY

**Square footage**

**Year built**

**Year roof was installed**

**Fire sprinklers? Yes / No**

**Central alarm actively monitored? Yes / No**

**Personal property coverage needed? Amount:**

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## 3 COMMERCIAL PROPERTY (CONTINUED)

**When was the plumbing last updated?**

**When was the HVAC last updated?**

**When was the electrical system last updated?**

☐ **Copy of current commercial property policy / declarations page attached**

## 4 COMMERCIAL AUTO

Provide information for all drivers, including business owners. Attach an additional list if needed.

| Driver full name | Date of birth | Driver's license number |
|---|---|---|
| | | |
| | | |

| Vehicle year / make / model | Vehicle VIN |
|---|---|
| | |
| | |

**Comprehensive and collision coverage needed? Yes / No**

**Maximum one-way travel distance for jobs**

**Will employees take vehicles home? Yes / No**

**Where will vehicles be parked / garaged?**

☐ **Copy of current commercial auto policy / declarations page attached**

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## 4 COMMERCIAL AUTO (CONTINUED) - TRUCKING, IF APPLICABLE

**US DOT number**

**Are federal filings required? Yes / No**

## 5 WORKERS COMPENSATION

**Federal Employer Identification Number (FEIN)**

**Number of full-time employees**

**Number of part-time employees**

**Full name(s) of each business owner**

**Owner(s) to be covered or excluded? Specify each owner**

**Annual payroll for each owner requesting coverage**

### EMPLOYEE DUTIES & PAYROLL BREAKDOWN

List each employee category, number of people, and annual payroll (include covered owners).

| Employee role / duties | Number | Annual payroll |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

☐ **Copy of current workers compensation policy / declarations page attached**