

**Commercial Quote Form**

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| Date Completed: |  |

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| **Name of Business:** |  | **Date business started**: |  |

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| **Type of Legal Entity** (check one)**:** | | | | | | | |
|  | Individual/Sole Prop. | Joint Venture | Partnership | Corporation | LLC | Municipality | Trust |

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| **Federal Tax ID #** (if applicable)**:** |  | or **Owners SS#:** |  |

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| **Is the business considered a Non-Profit?** | Yes | No | **Years of Experience:** |  |

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| **List all business operations:** |  |

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| **Primary Business Address:** | Street |  | City |  | State |  | Zip |  |

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| **Mailing Address** (if different)**:** | Street |  | City |  | State |  | Zip |  |

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| **Is this a home-based business?** | Yes | No | **% of Commercial Work:** |  | **% of Residential Work:** |  |

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| **Insured’s Primary Contact:** | Title |  | Full Name |  |

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| **Phone Number:** |  | **Email:** |  |

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| **Business Phone Number:** |  | **Business Website:** |  |

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| **Owner/Executive’s Name:** |  | **Birth Date:** |  | **Driver License#:** |  |

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| **Owner/Executive’s Name:** |  | **Birth Date:** |  | **Driver License#:** |  |

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| **Owner/Executive’s Name:** |  | **Birth Date:** |  | **Driver License#:** |  |

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| **Any Special Licenses Held?** | Yes | No | **Licenses Held:** |  |

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| **Does this business own any other business?** | Yes | No | **Is this business a subsidiary of another company?** | Yes | No |

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| **Has the application had a prior bankruptcy in the past 7 years?** | Yes | No | **If so, what year?** |  |

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| **Does any employee or owner travel outside the U.S. for the business?** | Yes | No |

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| **Are there any athletic teams sponsored?** | Yes | No |

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| **Is there a written safety/training program in operation?** | Yes | No |

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| **Normal Hours of Operation:** |  | **Time Closed to Public:** |  |

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| **Annual Gross Income for Business:** |  |

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| **Owner(s) Payroll:** |  | **Full-time Employees’ Payroll:** |  | **Part-time Payroll:** |  |

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| **Number of Full-time Employees:** |  | **Number of Part-time Employees:** |  |

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| **Does the business use sub-contractors?** | Yes | No | **If so, how many?** |  | **Yearly amount paid?** |  |

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| **Does the business place temporary workers or lease employees?** | Yes | No | **If so, how many?** |  |

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| **Business Locations:** |

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| **Building # 1** | Street |  | City |  | State |  | Zip |  |

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| Operations at this location: |  |

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| Physical Characteristics (General Description / Main Building / Contractors Home / etc.) |  |

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| --- | --- | --- | --- | --- | --- |
| Year Building Was Constructed: |  | Rent or Own: |  | Fire Prot. Code: |  |

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| Total Square Footage of Building: |  | Square Footage Occupied by Business: |  |

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| Landlord’s Name: |  | Loss Payee/Additional Insured: |  |

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| **Building # 2** | Street |  | City |  | State |  | Zip |  |

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| Operations at this location: |  |

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| Physical Characteristics (General Description / Main Building / Contractors Home / etc.) |  |

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| Year Building Was Constructed: |  | Rent or Own: |  | Fire Prot. Code: |  |

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| --- | --- | --- | --- |
| Total Square Footage of Building: |  | Square Footage Occupied by Business: |  |

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| --- | --- | --- | --- |
| Landlord’s Name: |  | Loss Payee/Additional Insured: |  |

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| **Business Vehicles:** | Year |  | Make |  | Model |  | Vin# |  |

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|  | Year |  | Make |  | Model |  | Vin# |  |

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|  | Year |  | Make |  | Model |  | Vin# |  |

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|  | Year |  | Make |  | Model |  | Vin# |  |

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| **Do you have a US DOT#?** | Yes | No | **US DOT#** |  |

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| **Drivers:** | Name |  | Date of Birth |  | Driver’s License # |  |

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|  | Name |  | Date of Birth |  | Driver’s License # |  |

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|  | Name |  | Date of Birth |  | Driver’s License # |  |

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|  | Name |  | Date of Birth |  | Driver’s License # |  |

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| **Current Insurance Policies?** | Yes | No | **If yes, please check your current policies below.** |

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|  | Auto | General Liability | Business Owner Policy | Professional Liability | Workers Comp | Disability |

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|  | Inland Marine | Supplemental Insurance | Retirement Planning | Life Insurance | Long-Term Care |

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| **Current Insurance Company:** |  |

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| **Has applicant had a lapse in coverage greater than 30 days in the last two years?** | Yes | No |

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| **In the last 3 years, has any insurance company either declined to issue a policy, or cancelled, or failed to renew existing coverage for the business?** | Yes | No |

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| **(Loss history) For the prior 3 years and the current year to date, please identity the number of losses:** |  |

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| **Does the applicant conduct special events that have more than 3,000 people in attendance at any time?** |  |