

**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?** |       |