



Business Owners, General Liability & Property Quote Sheet

Business Name: FEIN #: Year Established:
Phone: E-Mail:
Location Address: City: State: Zip:
Mailing Address: City: State: Zip:
Contact Person: Phone: Owner or Tenant:
Description of Operations: Years of Experience:

Entity Type: Sole Proprietorship Partnership / LLP Corporation LLC
PC Other (list):

# of office locations: Annual revenue: \$ Annual payroll:
Gross sales: # of owners: # of employees:

Table with columns: Building Coverages, Updates, Year. Rows include Building Limit, Personal Property (contents), Liability Limit, Deductible, Loss of Use, Purchase Price, Year Built, Market Value, Electrical, Plumbing, Heating, Roof.

Tenants improvements & betterments value: (Installed fixtures, e.g. cubicles, kitchen etc.) \$

Area occupied (sq. ft.): Computers & media value: \$

Scheduled Items/Equipment: \$ Stored Medications: \$

Construction Type: Frame Joisted Masonry Non-Combustible
Masonry, Non-Combustible Fire Resistive

Sprinkler System: Yes No Alarm System: Yes No

General Information table with columns: Explain all 'Yes' Responses, Yes, No. Rows 1-10 covering various operational and safety questions.

Subcontracted Work		
Explain all "Yes" Responses	Yes	No
Do you subcontract work to others?		
1. Type of work _____		
2. Cost of subcontractor's/contract labor: \$ _____		
3. Are subcontractors required to carry insurance? If yes, indicate coverage and limits:		
a. Comprehensive General Liability with Contractual: _____		
b. Are you named as an additional insured? _____		
4. Are certificates of insurance required from subcontractors?		
5. Estimated number of subcontracted jobs in past 12 months? _____		
Remarks:		

Products – Completed Operations						
Products	Annual Sales Receipts	# of Units	Time in Market	Expected Life	Intended Use	Principle Components

Explain all "Yes" Responses		Yes	No	Explain all "Yes" Responses		Yes	No
1.	Does applicant install, service or demonstrate products?			4	Products recalled, discontinued, changed?		
2.	Foreign products sold, distributed, used as components?			5	Products of others sold or re-packaged under applicant label?		
3.	Guarantees, warranties, hold harmless agreements?			6	Products under label of others?		
				7	Vendors coverage required?		
Please attach literature, brochures, labels, warnings, etc.							
Remarks:							

Contractual Liability <i>(please attach copy)</i>	
Describe all contracts and/or hold harmless agreements, whether written or oral <i>(dates, contracting parties, cost)</i>	

Coverage / Limits		
<input type="checkbox"/> Premises Operations	\$ _____	General Aggregate
<input type="checkbox"/> Products-Completed Operations	\$ _____	Products/Completed
<input type="checkbox"/> Personal & Advertising Injury	\$ _____	Personal & Advertising Injury
<input type="checkbox"/> Contractual Liability	\$ _____	Each Occurrence
<input type="checkbox"/> Damage to Premises Rented to You	\$ _____	Damage to Premises Rented to You
<input type="checkbox"/> Medical Payments	\$ _____	Medical Payments

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**Business Owned Auto**

If you have a business auto policy, what is your effective date? \_\_\_\_\_

Please list all drivers and vehicle information below

	Name	License Number	State	Date of Birth
1				
2				
3				

Vehicle #	VIN	Year	Make	Model	Comp. Deductible	Coll. Deductible
1						
2						
3						

Please provide any losses in the last 3 years: \_\_\_\_\_  
\_\_\_\_\_

Do you belong to any groups, credit unions or professional organizations? \_\_\_\_\_  
\_\_\_\_\_

**Current Insurance Information**

Company Name: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Deductible: \_\_\_\_\_