

Quote Information Sheet

Date _____

Name of Business _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Fax _____ Contact Name _____

Location Number _____ Building Number _____

Location Address _____

City _____ State _____ Zip _____

Expiration Date _____ Quote Needed By _____

How did you hear about us? _____

Federal ID # _____ Email _____

Owner _____ Tenant _____ Lesser _____ Years in Business _____

Building Limits _____ Content Limits _____ Equipment Limits _____

Deductible _____ ACV _____ RC _____

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Business Interruption Limit _____ Monthly Limitation % _____

Type of Construction: Wood _____ Roof Support: Wood _____
Masonry _____ Steel _____

Building Age _____ Stories _____ Alarm: Yes _____ No _____

Square Ft. _____ Type of Alarm _____

If over 25 yrs old provide the age of: Heating _____ Plumbing _____ Electric _____ Roof _____

Number of Fulltime Employee _____ Part time Employees _____

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Type of Wash _____

Bays _____ Annual Receipts _____ Garage Keepers Limits _____

List other types of operations _____ (i.e. C-Store, Detailing, Lube etc.)

_____ Annual Receipts _____

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Who is your current Insurance Company? _____ Policy # _____

Loss Runs Ordered? _____ Is your policy being cancelled? _____ just checking rates? _____

Remarks: _____

List all Parties to be Insured:

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WORKERS COMPENSATION

Experience Modification _____

List number of Employees by Classification below

_____	Payroll	_____
_____	Payroll	_____
_____	Payroll	_____
_____	Payroll	_____
_____	Payroll	_____
_____	Payroll	_____

Employers Liability _____

Each Accident
Each Employee
Policy Limit

DISABILITY *(NY State Only)*

Number of: Females _____ Males _____ Unemployment # _____

UMBRELLA

Limit _____

CRIME

Limits: Employee Dishonesty _____ Money In _____ Money Out _____

