

|  |  |  |
| --- | --- | --- |
| **Commercial Coverage Quote Sheet** | Eff Date      | Today’s Date      |
| Agent      | Date Quote Needed      |

|  |
| --- |
| Insured/Applicant      |
| Contact Person      | Phone      | Fax      | Email      |
| Mailing Address      | Town/State      | Zip Code      |
| Business Description      | Tax ID/SS#      |
| Years in Bus      | Cancelled/Non-renewed      |
| Loss Info      |
| Current Agent / Company      | Current Prem $      |
| Factors important to write account      |

**PROPERTY**

|  |  |  |
| --- | --- | --- |
| Physical Address      | Town/State      | Zip Code      |
| Year Built      | SQFT      | Construction      | Type of Heat      |
| Heat      | Wiring      | Roof      | Plumbing      | Sign      | Sprinkler/Alarm/Ansul      |
| Building$      | Contents$      | Deduction$      | Co-Ins      % | RC      | ACV      |
| Equip Floater, Other      |

**LIABILITY**

|  |  |
| --- | --- |
| Class Code/Description      | Limits1M/2M [ ] 2M/2M [ ]  Other [ ]       |
| Payroll$      | Sales/Receipts$      | Emplo BenefitsYes[ ]  No[ ]  | EPLIYes[ ]  No[ ]  |
| Class Code/Description      | NOHCYes[ ]  No[ ]  | # Employees      |
| Payroll$      | Sales/Receipts$      | Liquor Liab Yes[ ]  No[ ]  |
| Umbrella limit$      | Retention      |

**WORK COMP**

|  |  |  |
| --- | --- | --- |
| Class Code/Description       | Payroll$      | Incr LimitsYes[ ]  No[ ]  |
| Class Code/Description       | Payroll$      | Wavr of SubYes[ ]  No[ ]  |
| Class Code/Description      | Payroll$      | # Employees      |
| Addl Insd      | Days to Cancel      |

**AUTO**

|  |  |  |  |
| --- | --- | --- | --- |
| Liab Limits$      | Comp Ded$      | Collision Ded$      | Radius      |
| Use      |
| Vehicle      | VIN      |
| Vehicle      | VIN      |
| Vehicle      | VIN      |