



Quick Quote Guide

CALL 1-800-628-3762, EXT. 2 FOR AN INDICATION TODAY!

INSURED INFORMATION

Effective Date: _____
Insured Name: _____
Location Address: _____

Agency Number: _____
Agent Name: _____
Agent Email: _____

GENERAL LIABILITY

Type of Business: _____
Prior Carrier: _____ Expiring Premium: _____ Losses: _____
Liability Limit: _____ Rating Basis: Annual Sales _____
Annual Payroll _____
Total Square Feet _____

PROPERTY

Building Limit: _____ Year of Construction: _____
Business Personal Property Limit: _____ Protection Class: _____
Business Income Limit: _____ Construction Type: _____
Cause of Loss: (Basic, Broad, Special): _____ Updates: Wiring (Year) _____
Roofing (Year) _____
Valuation: _____ Heating (Year) _____
Plumbing (Year) _____
Deductible: _____

Any other request: _____