

## COMMERCIAL INSURANCE QUOTE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Part Time: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Years in Business: \_\_\_\_\_

RI State Unemploy. ID # \_\_\_\_\_

Inspection Contact: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Policy Expiration Date(s): \_\_\_\_\_

Name(s) of Corporate Officers: Pres- \_\_\_\_\_

a) Property: How long owned building: \_\_\_\_\_ In business: \_\_\_\_\_

Sprinklered? \_\_\_\_\_ Alarms? \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Construction: \_\_\_\_\_ Basement: \_\_\_\_\_

Roof: \_\_\_\_\_ Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heat: \_\_\_\_\_

Building Limit: \_\_\_\_\_ BPP Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

Other occupants: \_\_\_\_\_

Rents: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

## COMMERCIAL INSURANCE QUOTE FORM

Loss Payees: \_\_\_\_\_

c) Workers Compensation: Payroll and Classification Schedule  
Current Experience Modification: \_\_\_\_\_

d) General Liability: Payroll and Classification Schedule  
Coverage Limits: \_\_\_\_\_

Annual Estimated Sales: \_\_\_\_\_  
Parking area: \_\_\_\_\_

e) Business Auto: Drivers List  
Vehicles owned or leased: \_\_\_\_\_

Vehicle list: description / cost new / GVW

Loss History: \_\_\_\_\_