



This is an indication only and subject to inspection and carrier approval of your application and rating.

Commercial Property Quote

| | | |
|--|----------------|---------------|
| Agency Name: | | Agency Code#: |
| From: | Email Address: | |
| Phone: | Fax # : | |
| Name Insured: | | |
| DBA(if any): | | Phone: |
| Mailing Address: | | |
| City: | | Zip: |
| Previous Carrier: | | |
| Canceled or non-renewed (reason): | | |
| Losses (if any): | | |
| Does account have three years of previous property coverage with no lapse? | | |

Business of Insured

| |
|-----------------------------------|
| Describe Operations & Experience: |
| Location Address: |
| Location Address: |
| Location Address: |

| | Location 1 | Location 2 | Location 3 |
|---|---|---|---|
| Building Limit: | | | |
| Business Personal Property Limit: | | | |
| Business Income Limit: | | | |
| Type of Coverage (Basic, Broad or Special): | | | |
| Valuation (ACV or RC): | | | |
| Building Occupancy: | | | |
| Is there a restaurant in the building?: | | | |
| Property Protection Class: | | | |
| Construction: | | | |
| Year Built: | | | |
| Year of Updates: | Heating:____ Plumbing:____ Wiring:____ Roof:____ | Heating:____ Plumbing:____ Wiring:____ Roof:____ | Heating:____ Plumbing:____ Wiring:____ Roof:____ |
| Square Footage: | | | |
| # of Stories: | | | |
| Auto Extinguishing System (Ansul or similar): | | | |
| Alarms/Protection: | Fire: ____ Burglary:____ Sprinkler : ____ | Fire: ____ Burglary:____ Sprinkler: ____ | Fire: ____ Burglary:____ Sprinkler: ____ |
| Alarm System Monitored by: | | | |

Comments/Any special coverage requirements (enter below)
