

Statewide Insurance Group LLC

Commercial Quote Sheet

Name of business _____

Insured name _____ DOB _____ Social _____

Type of business _____

Date business began _____ FEIN or Social _____

Mailing address _____

Business phone number _____ Business email/website _____

Any losses? (Y/N)___ If yes, please explain type of loss: _____

Any hazardous materials/chemicals? _____

Annual revenue _____ Projected revenue _____

If commercial auto, please provide year, make, model, vin # for each vehicle to be listed and drivers to be listed including, DL #, DOB, and Social.

Vehicle #1 _____

Vehicle #2 _____

Vehicle #3 _____

Vehicle #4 _____

Vehicle #5 _____

Vehicle #6 _____

Vehicle #7 _____

Radius driven daily _____ FEIN/USDOT _____

If this is not a new start up, please prior declarations page.

Prior carrier _____ Effective/Expiration date _____

Policy # _____ Premium _____