

Producer: _____

Commercial Lines Quoting Checklist

Applicant information SIC _____ CLASS CODE _____ Requested Effective Date: _____

1. Coverage: Business Owner Policy ☐ Property ☐ Liability ☐ Workers' Comp ☐ Business Auto ☐ LRO ☐
2. Contact Name: _____ Bus #: _____ Cell #: _____
3. E-mail: _____
4. Name of Business: _____
5. Individual ☐ Partnership ☐ Corp ☐ LLC ☐ EIN (SS#): _____ (Required)
6. Number of Years in Business: _____ (Started at Year _____) Year of Experience _____
7. Business Mailing Address: _____
8. Business Location(s)

LOC	Address	Sq.Ft.	BPP	Gross Sales
1				
2				
3				
4				

Business Information

1. Nature of Business: Office ☐ Service ☐ Retail ☐ Wholesale ☐ Restaurant ☐ Contractor ☐ Other ☐ _____
2. Total Annual Gross Sales: \$ _____ Total Annual Payroll: \$ _____
3. Hours of Operation: ____:____ AM - ____:____ PM
4. Deep Fat Fry: No ☐ Yes ☐ How many? _____ *** (Attaches Photos)* Delivery: No ☐ Yes ☐
5. Bailees Coverage: \$10,000 ☐ \$20,000 ☐ Other _____ Garage keeper ☐ _____
6. % of Wine & Beer or Liquor of your daily sales (Only for Liquor Liability): _____ %
7. Limit of Liability: 1M/2M ☐ 2M/4M ☐ Other ☐ _____ Hire/Non-Hire Auto ☐ _____
8. Contents Limit (BPP): \$ _____ Deductible: \$250 ☐ \$500 ☐ \$1000 ☐
9. Building Limit: \$ _____ Deductible: \$250 ☐ \$500 ☐ \$1000 ☐
10. Business Umbrella: \$ _____ BOP ☐ WC ☐ Auto ☐

Building Information

1. Construction of Building: Frame ☐ Joisted Masonry ☐ NC ☐ MNC ☐ MFR ☐ FR ☐ No of Stories: _____
2. Total Square Footage of Building: _____ Square Footage of Business: _____ Year Built: _____
3. Improvement Year: Roof _____ Plumbing _____ Electric _____ Complete _____
4. Other Stores: Right _____ Left _____ Front _____ Behind _____
5. Fire Alarm ☐ Burglar Alarm ☐ Building Sprinkled: No ☐ Yes ☐ _____ % Fire Station: _____ Miles

Prior insurance Information

1. Carrier: _____ Premium \$ _____ Expiration date _____
2. Billing Type: Annual ☐ Bi Annual ☐ Quarterly ☐ Monthly ☐ (EFT ☐ ***See Other Side***)

Workers Compensation Quoting Checklist

Number of employee: Full time _____ Part time _____ Business Owner Include: Yes ☐ Exp.Mod: _____

No	Class	Job Description	No of Employees	Payrolls
1				
2				
3				

1. Loss History: Yes ☐ No ☐

No	Date	Detail	Amount Paid
1			
2			
3			
4			
5			

2. Endorsement ☐ Optional Coverage ☐ Additional Insured ☐

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3. Commercial Auto: **COM:** **BI/PD:** **UM/BI/PD:** **Ded:**

No	Year	VIN																Coverage*
1																		
2																		
3																		
4																		

* L, AC, C, R, T

Driver(s)

No	Name	DOB	Lic. #	State
1				
2				
3				
4				

4. Other Underwriting Information

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5. Bank: _____ Name on Account: _____

Routing#

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Account# _____

Date: _____

Authorized Signature: X _____