



Commercial Insurance Quote Request Form

1. Business Information

Business Name:

Address:

City:

State: Texas

ZIP Code:

2. Contact Person:

Name:

Title/Position:

Phone Number:

Email Address:

3. Type of Business:

Industry:

Description of Business Activities:

4. Business Operations

Years in Business:

Number of Employees:

Annual Revenue:

Operating Hours:

5. Coverage Details

Desired Start Date for Coverage:

- Types of Coverage Needed (Check all that apply):

☐ General Liability

☐ P Property Insurance

Insurance Ladies

Contents (BPP)

Workers' Compensation

Commercial Auto

Professional Liability (Errors & Omissions)

Cyber

Business Interruption

Other (Please specify):

4. Property Information (If applicable)

Building Address (if different from mailing address):

Address:

City:

State: Texas

ZIP Code:

Building Ownership:

Owned

YearBuilt

Leased

Stories

Building Type:

Sq Ft

Office

Updates

Year

Retail

Roof

Warehouse

Electrical

Industrial

Plumbing

Other (Please specify):

HVAC

Building Value:

Monitored Alarm
Burglar

Contents Value:

Fire

CCTV

Insurance Ladies

5. Current Insurance Information

Current Insurance Provider:

Current Coverage Types:

Policy Expiration Date:

Current Premium:

Any Previous Claims in the Last 5 Years?

Yes (Please provide details)

No

6. Additional Information

- Are there any specific risks or concerns you would like to discuss?

- Any additional information or comments:

Please fill out the above form and submit it to our office via email at Cynthia@Insuranceladies.org or fax it to (972) 918-0291. Our team will review your information and get back to you with an initial quote as soon as possible.

Thank you for considering us for your commercial insurance needs!