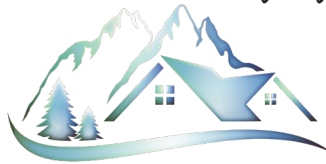


Parsons Insurance Agency



Protecting what's important!

Thank you for requesting a quote from Parsons Insurance Agency, LLC. Part of getting an accurate quote for your vehicle or home insurance we will run various reports including but not limited to a credit history, insurance history and MVR report. By running these reports, it will give us the most accurate rates on your proposal. The reports could show up on your credit history. By accepting this you are giving Parsons Insurance Agency / Ahbe Group permission to run these reports. Please sign in the area below and return so we can move forward with your insurance proposals.

Signature

Date

COMMERCIAL QUOTE REQUEST

COMMERCIAL QUOTE SHEET

NAME:

BUSINESS NAME/ NAMED INSURED (Refer to Secretary of State website):

DBA:

MAILING ADDRESS:

BUSINESS ADDRESS:

PHONE:

EMAIL:

WEBSITE:

EIN:

YEAR ESTABLISHED:

GROSS ANNUAL SALES/ REVENUE:

DESCRIPTION OF OPERATIONS:

CURRENT CARRIER

CARRIER:

POLICY NUMBER:

EXPIRATION DATE:

LOSSES:

CURRENT COVERAGE:

REQUESTED COVERAGE:

STAFF

OF FULL TIME EMPLOYEES:

PAYROLL:

DESCRIPTION OF DUTIES:

OF PART TIME EMPLOYEES:

PAYROLL:

DESCRIPTION OF DUTIES:

Drivers

Name	Date of Birth	Drivers License Number
DRIVER 1		
DRIVER 2:		
DRIVER 3:		
DRIVER 4:		
Vehicles		
Year	Make	Model VIN
VEHICLE 1		
FULL COVERAGE:	Yes	No
VEHICLE 2:		
FULL COVERAGE:	Yes	No
VEHICLE 3:		
FULL COVERAGE:	Yes	No
VEHICLE 4:		
FULL COVERAGE:	Yes	No
VEHICLE 5:		
FULL COVERAGE:	Yes	No
VEHICLE 6:		
FULL COVERAGE:	Yes	No
VEHICLE 7:		
FULL COVERAGE:	Yes	No
VEHICLE 8:		
FULL COVERAGE:	Yes	No
VEHICLE 9:		
FULL COVERAGE:	Yes	No
VEHICLE 10:		
FULL COVERAGE:	Yes	No
ENROLL IN TELEMATICS?		
Yes	No	
HIRED/ NON-OWNED AUTO REQUIRED?		
Yes	No	

BUILDING

YEAR BUILT:

CONSTRUCTION TYPE:

OF STORIES:

BASEMENT: Yes No

TOTAL SQFT OF BUILDING:

SQFT INSURED OCCUPIES:

WIRING UPDATE:

PLUMBING UPDATE:

HEATING UPDATE:

ROOF UPDATE:

ROOF TYPE:

IS BUILDING FULLY SPRINKLERED? Yes No

ALARM TYPE:

BUILDING COVERAGE:

BUILDING PERSONAL PROPERTY (CONTENTS):

WORK COMP

OWNERS NAME AND PERCENT OWNED:

EXCLUDE?

OWNERS NAME AND PERCENT OWNED:

EXCLUDE?

CURRENT WC CARRIER:

DESCRIPTION:

EQUIPMENT

SCHEDULED EQUIPMENT (YEAR, MAKE, MODEL, SERIAL#, DESCRIPTION, DATE PURCHASED AND VALUE)
AMOUNT OF UNSCHEDULED:

EQUIPMENT 1:

EQUIPMENT 2:

EQUIPMENT 3:

EQUIPMENT 4:

EQUIPMENT 5:

EQUIPMENT 6:

EQUIPMENT 7:

EQUIPMENT 8:

EQUIPMENT 9:

EQUIPMENT 10: