



## Business Insurance Proposal Request

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Taxpayer ID No.: \_\_\_\_\_ Yrs. in Business \_\_\_\_\_

Contact E-mail Address : \_\_\_\_\_ Website Address: \_\_\_\_\_

Business Structure:     Corp.     Individual     Partnership     Other \_\_\_\_\_

Description of Business: \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_ Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Address of Building and Personal Property to be insured (Street, City, State, Zip): \_\_\_\_\_

Please describe any losses that have occurred in the past 3 years (Incl. description of loss, date of loss, status (open/closed) and amount paid)

\_\_\_\_\_

\_\_\_\_\_

**PROPERTY INSURANCE:** Policy Expires: \_\_\_\_\_

Present Insurance Company: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Building Value: \$ \_\_\_\_\_ No. Of Buildings \_\_\_\_\_ Contents: \$ \_\_\_\_\_

Year Built: \_\_\_\_\_ Total Sq. Footage: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Type of Constructions:     Frame     Brick     Metal    Any Wood in the Roof?     Yes     No

Alarm Systems:  Burglar     Fire    Is it Central Station Monitored?  Yes     No    Sprinkler Systems?  Yes     No

If Building is over 30 years old, please provide the last date the following were renovated:

Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_

GENERAL LIABILITY LIMIT NEEDED:     \$300,000     \$500,000     \$1,000,000

**AUTOMOBILE COVERAGE:**

Present Insurance Company: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Automobile Liability Limit Needed:     \$300,000     \$500,000     \$1,000,000    Policy Expires: \_\_\_\_\_

No. of Owned Automobiles: \_\_\_\_\_ No. of Drivers: \_\_\_\_\_

Vehicle Descriptions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVER INFORMATION:**

DRIVER NAME	DRIVER BIRTHDATE	DRIVERS LICENSE NUMBER	STATE