

Date: _____ Time: _____ M
Referred by: _____

COMMERCIAL LINES QUOTE INFO

Company Name: _____

Contact Name/Title: _____

Mailing Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

FEIN or SS#: _____ Individual Corp Partnership

Description of Business: _____

Yrs in Bus: _____ Yrs Exp: _____ Yrs at location: _____ Date Inc: _____

Owners: _____ # Employees: FT _____ PT _____

Payroll: \$ _____ Gross Receipts/Sales: \$ _____

Desired Coverage:

GL PROP: # of Loc: _____ Owner Occ Tenant Lessor

Building \$ _____ Contents: \$ _____

Building \$ _____ Contents: \$ _____

Building \$ _____ Contents: \$ _____

EQUIP \$ _____ Tools \$ _____

WC: Class Code _____ Payroll \$ _____

Class Code _____ Payroll \$ _____

Prior Insurance Carrier: _____

Any Claims last 5 years: no yes – details _____

Comments: _____
