



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