

					Prod/AM		Quote Log		Date						
Name Insured (s)					DBA										
Contact			Phone				E-mail								
Mailing Address															
Effective Date			FEIN:			Current Carrier									
Entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date Business Started		Given Privacy Policy							
	Sole Prop	Corp	Non- Profit	LLC	Other										
Description of Business, incl all businesses & incidental operations	include out of State exposures														
Ever been cancelled (incl nonpay):						Claims:									
Coverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Desired	Prop	GL	IM	Bus Auto	WC	Umb	EPLI	Garage	Inst/Bldr Risk	Crime	Cyber	Med/Pro			
Sales (gross receipts)						Payroll									
Location 1						Location 2									
Address						Address									
Owner or Tenant						Owner or Tenant									
Name on Deed						Name on Deed									
Building Limit						Building Limit									
BPP Limit						BPP Limit									
Year Built						Year Built									
Construction Type						Construction Type									
Square Footage						Square Footage									
Yr	Roof	Plumb	Heat	Electrical	Yr							Roof	Plumb	Heat	Electrical
2 Means of Egress			Hardwired SD & CO2			2 Means of Egress			Hardwired SD & CO2						
Other Occupancies						Other Occupancies									
Dist to	Hydrant	Fire Station				Dist to	Hydrant	Fire Station							
Sprinklered						Sprinklered									
Additional Interests/ Insureds For All Policies															
Name			Address			City			State	Zip	Interest				
General Liability															
Liability Limit		EBL		EPLI		Number of Employees									
Loc	Classification				Class Code		Basis*			Exposure					
Do you hire subs? if so need total costs Do you have a need for pollution cov?															
Remarks															

Prospect Name											
Business Auto											
		Liability Limit		\$		Med Pay		\$		Deductibles	
		UM Limit		\$		H&NO		DOC		Comp Coll	
Year	Make	Model	VIN	GVW		Use		Coverage			
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								Liab	Comp	Coll	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								Liab	Comp	Coll	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								Liab	Comp	Coll	
Driver's Name		Lic #			DOB		Driving Record				
Garage Policy											
Liability		Auto Sales		Body Shop		Approved SB		# & type of Plates		Deductibles	
GKLL		\$		On Hook		Dealer Phy Dam		\$		Comp Coll	
Year	Make	Model	VIN	GVW		Use		Coverage			
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								Liab	Comp	Coll	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								Liab	Comp	Coll	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								Liab	Comp	Coll	
Inland Marine											
Unscheduled Equipment Limit \$ _____ Deductible \$ _____											
Scheduled Equipment Limit \$ _____ Max Per Item \$ _____ Deductible \$ _____											
Additional Interests/ Insureds For All Policies											
Name			Address			City		State	Zip	Interest	
Workers Comp											
Out of State?			Incr Liab		Exp Mod		Number of Employees		LS&H		
Loc		Classification				Class Code		Exposure			
Umbrella											
Limit		\$				Retention		\$			
Do you need a quote for ???											
Personal Lines		<input type="checkbox"/>	Life		<input type="checkbox"/>	Health		<input type="checkbox"/>	Disability		<input type="checkbox"/>
Remarks											