



Quote Request Form: Business Office Package

Firm Name: _____ Date: ____/____/____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ - _____ County: _____
 Phone #: (____) ____-____ Fax #: (____) ____-____
 E-Mail Address: _____

Legal Entity: Corporation LLC Partnership Individual

Years in Business: _____ years FEIN#: _____

Annual Gross Receipts: \$ _____

Number of Employees: Full Time: _____ Part Time: _____

Location Address: _____ (Check if same as mailing address)
 City: _____ State: _____ Zip: _____ - _____ County: _____

Approx. **Total** sq. ft. _____
 Sq. ft occupied by you: _____
 How many Stories? _____
 For this building are you Owner? Tenant?
 What year was the building built? _____
 When were the following last updated?
 Electric: _____ HVAC: _____
 Plumbing: _____ Roof: _____

Please check the following that apply:
 Frame Joisted Masonry
 Fire Resistive Non - Combustible

Type of Fire Alarm:
 None Local Central Station

Type of Burglar Alarm:
 None Local Central Station

Is the building 100% Sprinklered? Yes No

Building Coverage Limit (if owner): \$ _____
 Contents Coverage Limit: \$ _____
 Valuable Papers Coverage Limit: \$ _____
 Employee Dishonesty Coverage Limit: \$ _____
 Non- Owned & Hired Auto Coverage: Yes No

Deductible:
 \$250 \$500 \$1000
 General Liability Limit:
 \$1,000,000/\$2,000,000
 \$2,000,000/\$4,000,000

Signature: _____