

Commercial Quote Sheet

Date of Quote: _____ Referred by: _____

Name of Applicant: _____

Mailing Address: _____

Business Type: Ind/Sole Prop _____ Partner _____ Corp(S/C) _____ LLC _____ FEIN: _____

Yr. Bus. Started: _____ Yrs. Experience: _____ RI Ump ID# _____

Contact Name: _____ Phone: _____ Email: _____

Locations: _____

Description of Operations: _____

Gross Receipts/Sales: _____ Payroll: _____ Contractors Sub Costs: _____

Bldg Limit: _____ Co. Ins.: _____ Ded: _____

Cts. Limit: _____ Co. Ins.: _____ Ded: _____

Loss of Income Limit: _____ Sign Coverage Limit: _____ Glass Coverage: _____

Liability Limit: _____

Bldg. Const.: _____ #Stories: _____ Yr. Built: _____ Updates: Roof: _____ Elec.: _____ Heat: _____ Plumb: _____

Bldg Sq Ft _____ Sq Ft Insured Occupies: _____

Sprinklered: Y N Alarm Type: _____ Central Monitoring Co: _____

Security Cameras: Y N Pull Station: Y N Panic Button Y N

Other Building Occupants: _____

Prior Carrier: _____ Prem.: _____ Exp: _____

Loss History: _____

Other Coverage/Notes: