

# Company Name

## Commercial Property Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



**Company Name**  
Company Address  
City, State, Zip  
Tel. (555) 555-5555  
Fax (555) 555-5555  
www.domain.com

\* Denotes Required Field

### General Information

\*Business Name:

\*Contact Name:

Position:

\*Address:

\*City:

\*State:

\*Zip Code:

\*Business Phone:

\*Fax:

*Ex. 920-111-2222*

Business Status:

Other:

Best Time to Call:

Business Tax ID Number:

\*Contact E-Mail Address:

\*Confirm E-Mail Address:

\*Location Address:

(type "same" if same as above)

City:

State:

Zip Code:

### Current Professional Property Coverage

Company Name *(not agency)*:

Limits of Liability: \$

Per claim

Limits of Liability: \$

aggregate

Effective Date:

*Ex. 01/15/2007*

Premium: \$

Retroactive Date:

*Ex. 01/15/2007*

### Premises Information

\*Address:

\*City:

\*State:

\*Zip Code:

Building Description:

## Additional Information

Type of Business:

Ordinary Payroll:

90 Days

180 Days

Other \$

## Practice Information

*Please check each of the following that applies to your business:*

Individual

Partnership

Association

Other:

Group Practice

Professional Corporation

Affiliation

## Professional Information

Occupation:

Specialty:

Practice Operates:

Board Certified?:

## Property Questions

Age of  
Building/Year Built

Type of Building  
Construction

# of Stories

Other Occupancies

Square Feet Occupied

sq. ft.

Roof Type:

Distance to Fire Hydrant:

feet

Distance to Fire Station:

miles

Heating Boiler on Premises

*If "Yes," is insurance placed elsewhere?:*

Right Exposure & Distance:

Left Exposure & Distance:

Rear Exposure & Distance:

Year electricity was last updated:

Is the building on circuit breakers?:

Year plumbing was last updated:

What type of plumbing?:

Year building was last re-roofed:

Type of roofing material:

Year heating system was last updated:

Type of heating system in the building:

## Protective Devices

Burglar Alarm

Central Station or  
Local Alarm

Certificate Number

Expiration Date

Installed/Service By

# of  
Guards/Watchmen

Smoke Detectors

Fire Protection

Fire Alarm Manufacturer

Central Station or Local  
Alarm

### Additional Premises Information

Address:

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State:

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## Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, please enter it here:

### \*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a CLUE report and credit report about me on an ongoing basis during this quotation and policy period and to check my claims history and credit report on an ongoing basis during the term of the quotation and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates.      **Yes**      **No**

**\*Enter Your Initials Here:**

**\*Today's Date:**

EX: 01/12/2007

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