

Commercial/Business Contractor Insurance Quote

Currently Insured? _____ Policy # _____

Current Annual Premium \$ _____ Renewal Date _____

Years in Business _____ Type of Business _____

Name _____

Business Name _____

Physical Address _____ City/State _____ Zip _____

Mailing Address _____ City/State _____ Zip _____

Phone # _____

Annual Gross Sales: _____

Number of Employees _____ Annual Payroll: _____

Current Liability Coverage: _____

Current Business Personal Property/Tool Coverage: _____

Current Building Coverage: _____ If yes, amount _____

Any Business/Commercial Autos Coverage: _____ Any Named Additional Insured: _____

Contractor: N/A Type _____

Bond: General Contractor or Specialty Contractor: _____

Residential construction (%) _____ Commercial construction (%) _____

New construction (%) _____ Remodel (%) _____ Repair (%) _____

Involved in tract homes? Yes No If yes, % _____ Apt/Condos? Yes No If yes, % _____

Subcontractor costs: _____

Own or rent building? Own Rent Year built: _____ Square Footage: _____

Stories: _____ Basement: Yes No Construction: Frame Brick Metal

Brick Masonry Other _____

Roof type: Comp Wood Shake Metal Other _____ Age _____

Exterior Siding: Wood Cedar Stucco Exterior Insulation (EIFS)

Other _____

If building was built prior to 1970:

Building on circuit breakers? Yes No **Date/Year Updated** _____

Plumbing Updated? Yes No **Date/Year Updated** _____

Heating Updated? Yes No **Date/Year Updated** _____

Roof Updated? Yes No **Date/Year Updated** _____

Number of Occupants in building: _____

Total Square Footage of building: _____

If more than one occupant:

Occupant on Right: _____

Occupant on Left: _____

Other Occupants: _____

Claims: _____

How did you hear about our Agency?

Remarks:
