COMMERCIAL PROPERTY QUOTE FORM

APPLICANT INFORMATION

NAMED INSURED:
BUSINESS NAME:
PREMISES ADDRESS:
NATURE OF BUSINESS:
/RS IN BUSINESS: YRS OF EXPERIENCE:
PRIOR COVERAGE: YES NO LOSSES WITHIN LAST 5 YEARS: YES NO
COVERAGE INFORMATION
BUILDING LIMIT:\$ BUSINESS PERSONAL PROPERTY (CONTENTS) LIMIT: \$
BUSINESS INCOME LIMIT:\$ GLASS LIMIT:\$ SIGNAGE LIMIT:\$
CANOPY LIMIT:\$ PUMPS LIMIT:\$ OTHER LIMIT:\$
COVERAGE FORM: BASIC BROAD SPECIAL SPECIAL W/ THEFT (MUST HAVE ALARM)
ALUATION: ACV (ACTUAL CASH VALUE) RCV (REPLACEMENT COST VALUE)
VIND/HAIL DEDUCTIBLE: ALL OTHER PERILS DEDUCTIBLE:
BUILDING INFORMATION
ZEAR BUILT: CONSTRUCTION TYPE: SQFT: # OF STORIES:
ROOF YEAR: WIRING YEAR: PLUMBING YEAR: HEATING YEAR: