



**Commercial Coverage Quote Sheet**

Eff Date	Today's Date
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Agent	Date Quote Needed
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Insured/Applicant			
Contact Person	Phone	Fax	Email
Mailing Address		Town/State	Zip Code
Business Description			Tax ID/SS#
Years in Bus	Cancelled/Non-renewed		
Loss Info			
Current Agent / Company			Current Prem \$
Factors important to write account			

**PROPERTY**

Physical Address		Town/State		Zip Code	
Year Built	SQFT	Construction		Type of Heat	
Heat	Wiring	Roof	Plumbing	Sign	Sprinkler/Alarm/Ansul
Building \$	Contents \$	Deduction \$	Co-Ins %	RC	ACV
Equip Floater, Other					

**LIABILITY**

Class Code/Description		Limits 1M/2M <input type="checkbox"/> 2M/2M <input type="checkbox"/> Other <input type="checkbox"/>	
Payroll \$	Sales/Receipts \$	Emplo Benefits Yes <input type="checkbox"/> No <input type="checkbox"/>	EPLI Yes <input type="checkbox"/> No <input type="checkbox"/>
Class Code/Description		NOHC Yes <input type="checkbox"/> No <input type="checkbox"/>	# Employees
Payroll \$	Sales/Receipts \$	Liquor Liab Yes <input type="checkbox"/> No <input type="checkbox"/>	
Umbrella limit \$		Retention	

**WORK COMP**

Class Code/Description	Payroll \$	Incr Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Class Code/Description	Payroll \$	Wavr of Sub Yes <input type="checkbox"/> No <input type="checkbox"/>
Class Code/Description	Payroll \$	# Employees
Addl Insd	Days to Cancel	

**AUTO**

Liab Limits \$	Comp Ded \$	Collision Ded \$	Radius
Use			
Vehicle	VIN		
Vehicle	VIN		
Vehicle	VIN		