Commercial Quote Worksheet

Business Name:	
Mailing Address:	
Physical Address:	
Phone:	Cell:
Website:	E-mail:
What is your Entity?(Corporation, LLC, Partnership, e	ct.)
What is your EIN#	
What do you do?	
What year was your business esta	blished?
LOCATIO	ON COVERAGE QUESTIONS
How many locations do you have in tota	nl? (fill out below for each)
BUILDING# Loc	cation#
Is this location an office in your home?	Y or N If Yes, answer the following below:
Total Sqft you occupy? Ho	w many stories?
What year was it built?	_
Construction type:(Frame, Jointed masonry, Non-combustive Veneer, or Masonry Non-combustible was	ible, Masonry Non-combustible, Fire Resistive,
If you are in a commercial Space: Are y	you renting this space? Y or N
If No, and building coverage is needed	- Enter Building Value \$
(Frame, Jointed masonry, Non-com	abustible, Masonry Non-combustible, Fire Resistive, Veneer, or n-combustible with Wind Resistant roof)
Total Sqft? How many stor	ies? What year was it built?
Updates by Year: Roofing	Wiring Heat & Air Plumbing
Do you have: Sprinklers?	Burglar Alarm? Central Station?

LOCATION COVERAGE QUESTIONS - Contents Coverage -		
Building # Location # 1. If you were to turn the office upside down and shake everything out, how much would it cost to replace the property that fell out? [Business Personal Property Limit] (Examples: Computers/ Furniture/ Copiers/ Phones/ business equipment)		
General Liability Coverage		
What are your current Gross sales?		