

Retail & General Business Insurance Quote Form

Producer: _____

Date: _____

General Information

Business Name: _____

Address: _____

Phone: _____

Email: _____

Contact Name: _____

Website: _____

Description of Operation: _____

Legal Entity (Corp, LLC, etc.): _____

FEIN #- _____

Years in Business: _____

Current Insurance Company: _____

Years with Current Insurance Company: _____

Renewal Date: _____

Number of Owners: _____

Number of Part Time Employees: _____

Number of Full Time Employees: _____

Gross Annual Sales: _____

Notes:

Location Address	Year Built	Square Footage	Construction Type	Roof	Electrical	Plumbing	HVAC	Building \$	Contents \$

Is the building equipped with any of the safety features listed below?

_____ Smoke Alarm- if yes, are they hardwired or battery

_____ Fire Alarm- Report to central station or only sound alarm on premises

_____ Burglar Alarm- Report to central station or only sound alarm on premises

_____ Fire Extinguishers- annually serviced

_____ Sprinkler System- Full Building or Partial

Building & Contents Coverage

How much coverage do you desire for the building at this location? _____

How much coverage do you desire for business personal property or the contents at this location?

What deductible do you desire for damage to your building or property? _____

Additional Liability Coverages

Employment Related Practices

Would your business like to be protected from lawsuits involving Employment Related Practices such as sexual harassment, wrongful termination, and discrimination?

Coverage Amount: _____ Desired Deductible _____

Data Compromise

Would you like for your business to be protected from lawsuits arising from cyber-attacks on your computer systems or network that results in the theft of your clients or employees personal information such as bank, credit card, or social security numbers?

Coverage Amount: _____ Desired Deductible _____

Employee Benefits Liability

Would you like for your business to be protected from lawsuits arising from the administration of your employee benefits program?

Coverage Amount: _____ Desired Deductible _____

Additional Notes: