

## COMMERCIAL QUOTE SHEET/APPLICATION

DATE: \_\_\_\_\_

POLICY PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Broker**

**Insured**

NAME OF PRINCIPAL (S): \_\_\_\_\_  
\_\_\_\_\_

CONTACT/PHONE NO. FOR INSPECTION: \_\_\_\_\_

MAILING ADDRESS (ALSO INCLUDE WEBSITE ADDRESS IF APPLICABLE):  
\_\_\_\_\_  
\_\_\_\_\_

MORTGAGEE/LEINHOLDER: \_\_\_\_\_  
\_\_\_\_\_

IS BUSINESS NEW TO YOUR OFFICE? \_\_\_\_\_ # OF YEARS KNOWN: \_\_\_\_\_

# OF YEARS IN BUSINESS: \_\_\_\_\_ YEARS EXPERIENCE: \_\_\_\_\_

PREVIOUS CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

CANCELLED/DECLINED: \_\_\_\_\_ CROSS REFERENCE POLICIES: \_\_\_\_\_

LOSSES LAST FIVE YEARS (LIST IN REMARKS SECTION IF NECESSARY):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COMMERCIAL GENERAL LIABILITY

DESCRIPTION OF OPERATIONS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GROSS RECEIPTS: \_\_\_\_\_ LIQUOR SALES: \_\_\_\_\_

U.S. OR FOREIGN RECEIPTS: \_\_\_\_\_

PAYROLL: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

SUBLET RECEIPTS: \_\_\_\_\_ SUBLET OPERATIONS: \_\_\_\_\_

**BUILDING DETAILS: LOCATION NO.** \_\_\_\_\_ **(additional locations – make copies of this page)**

LOCATION ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):

YEAR BUILT: \_\_\_\_\_ CONDITION: \_\_\_\_\_ # OF STORIES: \_\_\_\_\_

AREA (SQ. FT/SQ. M): \_\_\_\_\_ WALL CONSTRUCTION: \_\_\_\_\_ ROOF: \_\_\_\_\_

HEATING TYPE: \_\_\_\_\_ ELECTRICAL: \_\_\_\_\_ BASEMENT(Y/N): \_\_\_\_\_

SPRINKLERED(Y/N): \_\_\_\_\_ AUTOMATIC FIRE DETECTION(Y/N): \_\_\_\_\_

EXTINGUISHERS(#/TYPE): \_\_\_\_\_ DISTANCE TO FIREHALL: \_\_\_\_\_

DISTANCE TO HYDRANTS: \_\_\_\_\_

WET CHEM. FIXED FIRE PROTECTION (MODEL #/NAME): \_\_\_\_\_

OTHER OCCUPANTS/EXPOSING OCCUPANCIES: \_\_\_\_\_

***IF 35 YEARS OR OLDER, ADVISE UPDATES ON THE FOLLOWING:***

PLUMBING: \_\_\_\_\_ HEATING: \_\_\_\_\_ ROOF: \_\_\_\_\_ ELECTRICAL: \_\_\_\_\_

**CRIME PROTECTION**

ALARM: CENTRAL/MONITORED/LOCAL \_\_\_\_\_ NAME OF SYSTEM: \_\_\_\_\_

MONITORING ALARM COMPANY: \_\_\_\_\_

DEAD BOLTS: \_\_\_\_\_ BARS ON ALL GLASS WINDOWS/DOORS: \_\_\_\_\_

CLASS & TYPE OF SAFE:

**COVERAGE SUMMARY**

COVERAGE	LIMITS	RATES	PREMIUM	DED./CO-INS./TERMS & CONDITIONS

**OTHER REMARKS:**

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**CONSENT CLAUSE**

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF BROKER: \_\_\_\_\_

DATE: \_\_\_\_\_

**OFFICE USE ONLY** UNDERWRITER: \_\_\_\_\_

PREV. QUOTED: \_\_\_\_\_ MAPPING: \_\_\_\_\_ CREDITEL: \_\_\_\_\_

CTS: \_\_\_\_\_ BROKER #: \_\_\_\_\_

IBC RISK CODE: \_\_\_\_\_ FUS CODE (A, B OR C): \_\_\_\_\_

OCCUPANCY CODE: \_\_\_\_\_ CONSTRUCTION CODE: \_\_\_\_\_

REINSURANCE CODE: \_\_\_\_\_

MGL: \_\_\_\_\_ QS: \_\_\_\_\_ 1S: \_\_\_\_\_

FAC/BOILER: \_\_\_\_\_

SUBSCRIBE 1 (LEAD): \_\_\_\_\_ SUBSCRIBE 2 (NONLEAD): \_\_\_\_\_

UNDERWRITER COMMENTS:

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