



Business Policy Quote Questionnaire

Contact Information

Business Name _____

 Contact Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Phone Number (____) _____
 Email _____

Type of Business

Describe your business: _____

 How long in business _____

 Number of Years of Experience _____

 Number of Full Time Employees _____
 Number of Part Time Employees _____
 Annual Payroll _____
 Annual Sales _____
 Number of autos _____

Property Information

Address _____
 City _____
 State _____ Zip Code _____
 Number of Locations _____
 Occupancy _____
 Construction Type _____
 Value of Contents _____
 Value of Tools _____
 Square Feet _____

Prior Insurance

Previous Insurance? Yes or No
 Any Lapse in Coverage? _____

 How long have you been insured? _____

 Expiration of current policy _____

Loss History

