



Business Owners QUICK QUOTE Application

Tel (866) 802-4476 / (480) 657-8500 Fax (480) 657-8505

Dr. Name _____ Legal Business Name _____

Type of Business Entity Individual Corporation Other _____

Office Street Address _____

City _____ State _____ Zip _____ County _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

Year business was established or acquired by current owner _____ FED TX ID _____

Desired effective date of coverage _____

LOCATION ONE

LOCATION TWO

Year Building Built		
Owner or Tenant	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Building Coverage Limit <i>(Building Owners Only)</i>	\$ _____	\$ _____
Personal Property Coverage \$ Limit <i>(Everything other than Computer Hardware)</i>	\$ _____	\$ _____
Computer Hardware Limit Over \$10,000	\$ _____	\$ _____
Personal Property Deductible Option	<input type="checkbox"/> \$500 (most Common) <input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500 (most Common) <input type="checkbox"/> \$1,000
Square Footage of Building and Office	Building _____ Office _____	Building _____ Office _____
General Liability Limit	<input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> _____	<input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> _____
Number of Employees	Full Time _____ Part Time _____	Full Time _____ Part Time _____
Building Less Than 1000' From Hydrant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Outside Construction	<input type="checkbox"/> Brick <input type="checkbox"/> Stucco <input type="checkbox"/> _____	<input type="checkbox"/> Brick <input type="checkbox"/> Stucco <input type="checkbox"/> _____
Building Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm	<input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central	<input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central
Burglar Alarm type	<input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central	<input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central
Number of Stories and Basement	Stories _____ Basement _____	Stories _____ Basement _____
Glass Coverage	Amount of Coverage _____ Deductible <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Coverage _____ Deductible <input type="checkbox"/> Yes <input type="checkbox"/> No
Year Updates Were Completed <i>(If building is over 25 years old)</i>	Plumbing _____ Heating _____ Electrical _____ Roof _____	Plumbing _____ Heating _____ Electrical _____ Roof _____

Prior Insurance Experience None Yes

Insurance Company _____

Current Policy Expiration Date _____

Prior Coverage Dates _____

Has Prior Coverage ever been cancelled? Yes No If yes, attach reason

Claims History No Yes (If 'YES', please provide occurrence date, date reported, amount paid, reserve amount and claim description summary on a separate sheet of paper.)

Additional Interest: If you need anyone listed as an additional insured or Loss Payee, please list below.

Reason _____

Reason _____

Name of Interest _____

Name of Interest _____

Street Address _____

Street Address _____

City, State & Zip _____

City, State & Zip _____

Coverage cannot be bound without underwriting approval