



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>	\$ _____	\$ _____
Contents 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 _____
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 _____

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, please list below.

Type of insured _____

Type of insured _____

Name of Interest _____

Name of Interest _____

Street Address _____

Street Address _____

City, State & Zip _____

City, State & Zip _____