



Commercial Property & Casualty Quick Quote Form

For quotation purposes ONLY - Acord applications and Supplemental applications (if any) will be required to bind coverage.

Named Insured: _____

Mailing Address: _____

Location Address: (same as mailing) _____

Insured Contact Name: _____ Insured Phone: _____

Insured Email Address: _____

Proposed Effective Dates: _____ to _____ Target Premium: \$ _____
Owner Tenant # Years in business: _____ (New Venture) # Year experience: _____

Detailed Description of Operations: _____

Has any carrier declined cancelled or non-renewed coverage during the prior three years? Yes No (if yes, explain)

Prior carrier(s) last 3 years: _____

LOSS HISTORY (Previous five years) None See attached loss runs (Describe all losses in detail)

Date of Occurrence	Description	Open/Closed	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cooking Exposure? Yes No Limited Cooking? Yes No Deep Fat Frying? Yes No

If YES, ALL COOKING MUST BE under a UL approved automatic fire suppression system with automatic shut-off control. System must be currently tagged and under a cleaning contract with a professional firm, and cleaning must be done at least semi-annually. Fryers must be at least 16" from open flames or be separated from flames by metal baffle.

PROPERTY Coverage Form: Basic Broad Special Include Theft Central Station Burglar Alarm

Building \$ _____ ACV RC
 Contents/BPP \$ _____ ACV RC
 Business Income \$ _____ Monthly Limitation:
 Extra Expense 3 6 9 12
 Pumps \$ _____ ACV RC
 Canopy \$ _____ ACV RC
 Sign \$ _____ ACV RC
 Other \$ _____ ACV RC

Building Info _____ Year built
 _____ Total Sq Ft
 _____ # Stories
 _____ % Occupied
 Yes No Sprinklered
 Yes No Central Station Fire Alarm

Construction Type
 Fire Resistive
 Masonry Non-Comb
 Non-Combustible
 Joisted Masonry
 Frame/Brick Veneer

Building Updates (Year)
 _____ Roof _____ Wiring
 _____ Plumbing _____ AC/Heating

DEDUCTIBLE

_____ Property
 _____ Wind/Hail

Employee Payroll: _____ # of employees: _____
 # of Owners: _____ (Include officers, partners, etc.)

LIABILITY

_____ General Aggregate
 _____ Prod/Comp Ops Agg
 _____ Personal/Adv Injury
 _____ Each Occurrence
 _____ Fire Damage
 _____ Medical Payments

Annual Receipts (break down between operations, i.e. Grocery Sales-\$300,000)

Operation	Basis (Sales, Gallons, Payroll, etc.)	Exposure
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Insured: Name: _____ Relationship: _____

Address: _____ (If additional Insureds, please attach.)

Waiver(s) of Subrogation: Require name, relationship, and copy of contract requirements (please attach).

Please Note: If there is more than 1 building and/or location, we will need this application completed for **EACH** Building/Location.

Additional Information / Remarks: _____

Questions: 800-926-6771

SUBMIT

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