

General Information Needed for all Quotes

Referral: (Y)____BY:_____(N)____

Businessowner: _____

Business Name: _____

DBA: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Nature of Business: _____

Business Structure: C-Corp S-Corp Individual Partnership LLC Other

FEIN: _____ Social Security Number: _____

Number of Owners: _____ List of all Owners & % of ownership _____

Date Business Began: _____ Years at this location: _____

How many years' experience doing similar work: _____ Any losses in the last 3 years _____

Contact (s): _____ Phone Cell _____

Work Phone: _____ Ext: _____

Website Address: _____ E-mail: _____

Current Insurance Carrier: _____ Eff Dates: _____ Yrs with: _____

Gross Sales Approx.: _____ % Commercial vs Personal _____

Payroll Approx.: (Employee) _____ (Owners) _____ No. of Employees: _____

List all location (complete address)