

COMMERCIAL QUOTE - WISCONSIN RESIDENTS ONLY

General Information

Contact Name _____
Contact Email _____
Name of Business _____
Nature of Business _____
Address _____
City, State ZIP _____
Business Phone _____
Cell Phone _____
Fax _____

Current Insurance Company

Company Name (not agency) _____
Policy Expiration Date _____

Current Insurance Coverages

Current Coverages (Check What You Currently Carry)

Bond _____	Commercial Auto _____
Commercial Liability _____	Worker's Compensation _____
Commercial Property _____	Commercial Umbrella _____
Directors and Officers Liability _____	
Group Health _____	Group Life _____
Professional Liability _____	Disability _____
Other (please explain) _____	

Business Information

of Full-Time Employees _____
of Part-Time Employees _____
How long in Business? (yrs) _____ yrs.
How many locations? _____
Please give a brief description of your business and clientele. _____

Property & Premises Information

Address _____
Occupancy Status Owner _____ Tenant _____
Year Built _____
% Occupied _____ %
Sprinklers Yes _____ No _____
Construction Type _____
Stories _____
Basement _____
Sq. Footage _____ Sq. Ft
Security System Yes _____ No _____
Building Value \$ _____
Contents Value \$ _____
Other Property (specify) _____

Insurance Information

Annual Gross Sales (before taxes) \$ _____
Number of Employees _____
Annualized Payroll \$ _____
Cost of any Subcontracted Work \$ _____
Limits Requested \$300,000 _____ \$500,000 _____ \$1,000,000 _____
\$2,000,000 _____

Describe any claims you've had in the past 5 years:

Additional Comments: _____