



This is an indication only and subject to inspection and carrier approval of your application and rating.

**Commercial Property Quote**

Agency Name:		Agency Code#:
From:	Email Address:	
Phone:	Fax # :	
Name Insured:		
DBA(if any):		Phone:
Mailing Address:		
City:		Zip:
Previous Carrier:		
Canceled or non-renewed (reason):		
Losses (if any):		
Does account have three years of previous property coverage with no lapse?		

**Business of Insured**

Describe Operations & Experience:
Location Address:
Location Address:
Location Address:

	Location 1	Location 2	Location 3
Building Limit:			
Business Personal Property Limit:			
Business Income Limit:			
Type of Coverage (Basic, Broad or Special):			
Valuation (ACV or RC):			
Building Occupancy:			
Is there a restaurant in the building?:			
Property Protection Class:			
Construction:			
Year Built:			
Year of Updates:	Heating:____ Plumbing:____ Wiring:____ Roof:____	Heating:____ Plumbing:____ Wiring:____ Roof:____	Heating:____ Plumbing:____ Wiring:____ Roof:____
Square Footage:			
# of Stories:			
Auto Extinguishing System (Ansul or similar):			
Alarms/Protection:	Fire: ____ Burglary:____ Sprinkler : ____	Fire: ____ Burglary:____ Sprinkler: ____	Fire: ____ Burglary:____ Sprinkler: ____
Alarm System Monitored by:			

**Comments/Any special coverage requirements (enter below)**

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