



## 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

		<b>Building Info</b>		<b>Construction Type</b>	
Building	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	_____ Year built	<input type="checkbox"/> Fire Resistive	
Contents/BPP	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	_____ Total Sq Ft	<input type="checkbox"/> Masonry Non-Comb	
Business Income	\$ _____	Monthly Limitation:	_____ # Stories	<input type="checkbox"/> Non-Combustible	
<input type="checkbox"/> Extra Expense		<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	_____ % Occupied	<input type="checkbox"/> Joisted Masonry	
Pumps	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered	<input type="checkbox"/> Frame/Brick Veneer	
Canopy	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> Yes <input type="checkbox"/> No Central Station Fire Alarm		
Sign	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<b>Building Updates (Year)</b>		
Other	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	_____ 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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