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**BUSINESS INSURANCE QUOTE - FACT SHEET**

Name.....	
Address.....	
Phone.....	
How did you hear about us?.....	
Own/ Rent??.....	

Type of Business:

Currently Insured?

With who?

Current Premium?

EFFECTIVE DATE?

Worker's Comp Required?	# of Employees?      PT _____      FT _____
FEIN #	SS#

Annual Payroll – If Any ? \_\_\_\_\_ COMP PAYROLL? \_\_\_\_\_ MOD RATE \_\_\_\_\_

Annual Sales / Receipts? \_\_\_\_\_ Any Out of State Exposure? (N.Y. etc) \_\_\_\_\_

Uses Subcontractors? \_\_\_\_\_ Total annual subcontracting costs? \_\_\_\_\_

Own Building? \_\_\_\_\_ ... Or Lease the Space? \_\_\_\_\_

Age of Building \_\_\_\_\_ Type of Construction? \_\_\_\_\_ Total Sq. FT \_\_\_\_\_

Updates to Building? (i.e what year??)...Roof \_\_\_\_\_ Electric \_\_\_\_\_ Plumb \_\_\_\_\_ Heating \_\_\_\_\_

Square Footage Occupied by insured? \_\_\_\_\_

Other Occupancies in Building? \_\_\_\_\_ If so, What Type? \_\_\_\_\_

If other Occupancies, what % of building do they each occupy?

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**MISC NOTES: (Dates of Birth, License #'s, SS #'s)**

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