

Commercial Property & Casualty Quick Quote (INDICATION ONLY*)

BROKER INFO

Date: ___/___/___

Broker Name: _____ Contact: _____

Phone: _____ Email: _____

Complete Named Insured: _____ Phone:() - _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Location Address: _____ City: _____ State: _____ Zip: _____

Date Business Started: ___/___/___ New Venture: Yes No Target Premium: _____

Current/Prior Carrier: _____ Expiration Date: ___/___/___

If they have been in business and do not have insurance, we need to know why no current/prior insurance and why are they seeking coverage now: _____

Claims History: _____

Entity Type: Individual Partnership Corporation LLC Other FEIN: _____

Nature of business/description of operation: _____

Describe applicant's experience in operations (including # of years): _____

of Employees: _____ Annual Payroll: _____ Gross Annual Receipts: _____

Desired Liability Limits: \$1MM Other: _____ Liquor Receipts: _____

Property Information

Building Value: _____ Contents Value: _____ Business Income: _____

Deductible: \$500 \$1000 \$2500 \$5000

Building Information

Sprinkler: Yes No Safe: Yes No Theft Alarm: Yes No

Sq. Footage: _____ Construction Type: _____ Year Built: _____ # of Floors: _____

Update Year: _____ Roof _____ Plumbing _____ Heating _____ Electrical _____

*IF Bars, Restaurants, Fast Food and Nightclubs:

1) Major entertainment (DJ, live band, stage show)? Yes No How many nights per week? _____

2) Is there Dancing? Yes No

3) Is there table seating? Yes No Table Service? Yes No

*IF Apartments: Annual Rental receipts: _____ Number of Units: _____

*IF Work Comp: Please provide class code: _____

*IF Auto Repair Shops: Please advise Garage Keepers Limits: 30K 60K 90K Other

*IF Contractor: License # _____ Tools & Equipment Coverage Amount: _____

PLEASE EMAIL COMPLETED FORM TO LuisQ@tgbrokers.com OR FAX TO 925-226-1422

***Completed ACORD Application and/or Company Supplements may be required **PRIOR** to binding.