

EL TRIUNFO



Financial & Insurance Services

License #: 0G29333

BUSINESS OWNERS QUOTE SHEET

Date: _____

APPLICANT INFORMATION:

Contractors Lic. Yes No

Business Type:

___ Individual ___ Partnership
___ Corporation ___ LLC
___ Joint Venture ___ Other

Name: _____

DBA: _____

Contact Name: _____

Tel: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

NATURE OF BUSINESS:

___ Office ___ Retail ___ Apartments ___ Restaurant ___ Service ___ Wholesale
___ Condominiums ___ Contractors ___ Other _____

DATA BUSINESS ESTABLISHED: _____ Experienced years: _____

DESCRIPTION OF OPERATIONS:

_____ Coverages Needed: _____
_____ Pers. Prop Coverages: Yes ___ No ___
_____ If yes amount of coverages \$ _____
_____ No. Employees: _____
_____ If any payroll amount \$ _____
_____ ANNUAL GROSS: \$ _____

PRIOR POLICY(IES)/LOSS HISTORY:

Previous Carrier: _____ Policy Number: _____ Payroll: _____
Total Premium: _____ Exp. Date: _____

PROPERTY SECTION:

Year Build: _____ Total area sq. ft.: _____ Construction Type: _____
#Stories: _____
Wiring year: _____ Roofing year: _____ Plumbing year: _____
Right exposure & distance: _____
Left exposure & distance: _____
Rear exposure & distance: _____

Burglar alarm installed and serviced by: _____
Premises fire protection (Sprinklers, Standpipes, CO2/Chemical Systems) Sprinkler _____ %
Referred By: _____