

BUSINESS INSURANCE QUOTE

Activation Date _____

Name (primary insured) _____ Phone _____

Street Address _____ Email _____

Business Name _____

Location of Business _____

Description of Business Operations (what does your business look like on a daily, weekly, monthly basis)

Number of Employees _____ Do you carry Workers Compensation? _____

Number of Years in Business? _____

Business type Individual Partnership Corporation Other _____

Any Claims in 5 years? _____

Gross Annual Income _____

Building 1: Age _____ Square Footage _____

Location: _____ Construction: Frame Brick Metal

Cost To Replace: _____ Distance to Fire Hydrant? _____ Fire Station? _____

Building 2: Age _____ Square Footage _____

Location: _____ Construction: Frame Brick Metal

Cost To Replace: _____ Distance to Fire Hydrant? _____ Fire Station? _____

Business/Personal Property Coverage \$ _____

Current Insurance Company _____ Current Liability coverage? \$300,000 \$500,000 \$1,000,000

Return to E. C. Moran via fax, email, mail or drop off for a free quote