

OFFICE LIABILITY QUOTE REQUEST

Contact Name: _____
Email Address & Phone Number: _____
Business Name: _____
Address: _____
City/St/Zip: _____

Legal Entity: (Ind, Partnership, Corp., etc.) _____
Year Business Started _____ **# Years in this Field:** _____
Annual Sales/Receipts: \$ _____
Anticipated Coverage Effective Date: _____
OR - Renewal Date of Old Policy

Do you own or rent space in the building?	Own	or	Rent
Square Footage of space you occupy:	_____		_____
Square Footage of entire building:	_____		_____
% of entire building occupied:	_____		_____
Number of stories of building:	_____		_____
Bldg. Sprinkler System:	YES or NO		

Construction of building: _____ *Please select one of the following. If uncertain, please list explanation of building.*

Year Built: _____	_____	Frame
	_____	Brick over Wood Frame
	_____	Cement Block
	_____	Poured Concrete or Brick/Block over Steel Framing
Year of last Building Upgrade to:	_____	Roof
	_____	Plumbing
	_____	Electrical

Building Replacement Limit (if owner) \$ _____
Business Liability Limit: \$ _____
Deductible: \$ _____
Estimated replacement cost of contents in your office: \$ _____

- Any losses within the past three years? If so, please provide information. **Yes/No**
- Describe and list replacement value of most expensive piece of equipment in your office. _____
- Describe and list replacement cost & approx time to repair or replace item(s) that would take longest to repair or replace. _____

Any additional coverages or increased limits requested?

Umbrella	YES or NO
Increase in Fire Legal Limit	YES or NO
Hired and non-owned auto:	YES or NO
<i># of employees to be covered</i>	_____
<i># of covered employees under age 26,</i>	_____
<i>distance of travel for errands</i>	_____
Employment Practices Liability	YES or NO
Business Income for Interruption of Practice	YES or NO
Reimbursement for Legal Expenses Coverage for Court or Review Boards	YES or NO
Reimbursement for Legal Expenses Coverage for Disposal of Dental Waste	YES or NO