Business Insurance Quote Intake Form

(Client Fillable Version — Insurance Agency Use)

Business Information

- **Legal Business Name:** _____
- **DBA (if any):** _____
- **Owner's Name:** _____
- **Business Address:**

  _____

  _____

- **Mailing Address (if different):**

  _____

  _____

- **Contact Person:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Website:** _____

Business Details

- **Type of Business / Industry:** _____
- **Entity Type:** ☐ Sole Proprietorship
  ☐ Partnership
  ☐ LLC
  ☐ Corporation (C-Corp / S-Corp)
  ☐ Non-Profit
  ☐ Other: _____
- **FEIN / Tax ID:** _____
- **Number of Business Locations:** _____
- **Is the Business Home-Based?** ☐ Yes ☐ No
- **Years in Business:** _____

- **Number of Employees:** _____
- **Annual Gross Revenue:** _____
- **Business Description:**

Coverage Requested

☐ General Liability
☐ Commercial Property
☐ Workers Compensation
☐ Commercial Auto
☐ Professional Liability (E&O)
☐ Cyber Liability
☐ Business Owners Policy (BOP)
☐ Umbrella / Excess Liability
☐ Other: _____

General Liability Information

- **Annual Payroll:** _____
- **Annual Subcontractor Costs:** _____
- **Annual Gross Sales:** _____
- **Prior Claims?** ☐ Yes ☐ No
  - If yes, explain: _____

Property Coverage (if applicable)

- **Location Address:**

- **Building Owned or Leased?** ☐ Owned ☐ Leased

- **Building Value:** _____
- **Year Built:** _____
- **Total Square Footage:** _____
- **Contents / Equipment Value:** _____
- **Upgrades / Renovations:** _____
- **Additional Property Details:**

_____

_____

- **Prior Property Losses?** ☐ Yes ☐ No
  - If yes, explain: _____

_____

Workers Compensation

- **Total Employees:** _____
- **Employee Job Duties:** _____
- **Annual Payroll by Class Code:** _____
- **Prior WC Claims?** ☐ Yes ☐ No
  - If yes, explain: _____

_____

Commercial Auto

- **Number of Vehicles:** _____
- **Vehicle List (Year/Make/Model/VIN):**

_____

_____

- **Drivers (Name & License #):**

_____

_____

- **Prior Auto Claims?** ☐ Yes ☐ No
  - If yes, explain: _____

_____

Professional Liability (E&O)

- **Professional Services Provided:** _____
- **Prior E&O Claims?** ☐ Yes ☐ No
  - If yes, explain: _____

Attachments Provided

☐ Prior Declarations Pages
☐ Loss Runs
☐ Photos / Inventory Lists
☐ Other Documents: _____

Additional Notes / Special Requests

Client Signature

I certify that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____