

Canopy Insurance Agency Commercial Quote Sheet

Date: _____ Referred By: _____

Business name: _____ Type of Business: _____

Indiv/Corp/Joint Ventures/Non-prof/Partnership/Sub S/Trust/ LLC- (#members/mgrs) _____

Email: _____ Website: _____ Years in business: _____

Contact Name: _____ Phone#: _____ Cell #: _____

Mailing address: _____ City/State/Zip: _____

Property Address 1: _____ Property Address 3: _____

Property Address 2: _____ Property Address 4: _____

of units/locations: __ Rent/Owned each unit/location: _____/_____/_____/_____

Gross Annual Revenue: \$ _____ Total annual payroll: \$ _____

Total# Employees: _____ Full time: _____ Part time: _____

Have/Need worker's comp? _____ (Please include copy of current policy)

Are you a subcontractor? Y/N Do you use subcontractors? Y/N

%/gross annual receipts paid-subs: _____% Subcontractors required to show proof of insurance? Y/N

% residential work /% comm'l work _____%/_____% Current coverage? Y/N -Yes if insured in last 30 days

GL: Limits-per occurrence \$ _____ aggregate: \$ _____

If owned, entire building or unit interior only? _____ Building coverage: \$ _____

Mortgage? Y/N- if yes, need details: Bank Name _____

Address: _____ City/St/Zip: _____

Loan # _____ Escrowed: Y/N

Contents: \$ _____ PC (including software): \$ _____

HISTORY

24 Hrs Security: Y/N Cent/Loc Alarm: Y/N Fire Ext: Y/N Smoke Alarm: Y/N Sprinklered: Y/N

Roof age: _____ Electric update: _____ Plumbing: _____ A/C: _____

5 Year Loss History (claims)

Date: _____ Cause: _____ Amount: _____

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Are you required to include a 2nd party as Additional Insured?

Name: _____ Interest: _____

Address: _____ City/State/Zip: _____

Additional coverage:

Inland Marine (work equipment): \$ _____ Business Income: \$ _____ # months _____

Directors & Officers needed? Y/N Professional Liability? Y/N Crime/Bond needed? Y/N