



Commercial Insurance Quote request

Name of Business _____

Type of Business: (circle one) LLC Corporation Individual Sole Proprietor Partnership

Tax ID # _____ (or owners SSN if they don't have a Tax ID)

Address of Business _____

Mailing Address (if different) _____

Name of Business Owner(s) _____

Nature of Business _____ (i.e.) Grocery store, Clothing Store, Carpet cleaner, Installer, etc)

Year the business opened _____

Years of experience owner has in the field _____

Annual revenues _____ (how much money is earned each year)

How many Employees? _____

Annual Payroll to the Employees _____

Is the building the business is in Leased or Owned by Business Owner? _____

Will the policy need to cover the building itself? _____

Year building was built? _____

How many square feet? _____

Construction of Building: (circle one) Frame Masonry Masonry non-combustible Concrete Metal

Type of Roof: (circle one) Composition Wood Shake Tin Metal

Age of Roof _____ or What year was it replaced? _____

Is there an Alarm on premises for fire/theft? _____

Any claims in the last 5 years? _____

What kind? _____ What was the total dollar amount of the claim?

About how much would it cost to replace ALL Contents of the building:

When complete, please fax to: 209-385-8589 or email to:
quotes@eeins.com