



BUSINESS INSURANCE POLICY

FACSIMILE QUOTATION REQUEST FORM

DATE:		DATE REQUIRED:	
AGENCY NAME:		AGENCY FAX #	AGENCY NO.:
NAME OF INSURED:			
LOCATION OF RISK:			
OCCUPIED BY INSURED AS (BUSINESS):			
OCCUPIED BY OTHERS AS (BUSINESS):			
CONSTRUCTION:			
Height: ___ Storeys Basement: ___ Yes ___ No Age of Building: ___ Years Walls: ___ Brick ___ Concrete Block ___ Brick Veneer ___ Metal Clad ___ Steel on Steel ___ Frame/Stucco ___ Frame ___ Mixed Construction (Specify % of Each) Roof: ___ Tar & Gravel ___ Asphalt ___ Patent ___ Composition ___ Metal ___ Other Floors: ___ Wood ___ Concrete ___ Total Building Area _____ sq. Ft. Insured's Portion _____ sq. ft. Heating: ___ No. of Units ___ Steam ___ Hot Water ___ Hot Air Fire Resistive Room: ___ Yes ___ No Fuel: ___ Natural Gas ___ Propane ___ Oil ___ Electric ___ Other (Specify) Chimney: ___ Approved Gas Vent ___ Brick ___ to Ground ___ Lined ___ Unlined Wiring: ___ Automatic Circuit Breakers ___ Tamper Resistant Fuses ___ Ordinary Fuses Extinguishers # of _____			
EXPOSURES:			
Are there any restaurants, bowling alleys, billiard parlours, bars, taverns or manufacturers in the same building as the insured premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe the exposure and indicate the number of feet between it and the insured premises:			
Is there a masonry fire wall with self closing fire doors between the exposure and the insured premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROTECTION: TOWN GRADE <input type="checkbox"/> METRO <input type="checkbox"/> PROTECTED <input type="checkbox"/> UNPROTECTED SPRINKLERED: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CRIME: IF OPTIONAL CRIME COVERAGE IS REQUIRED DESCRIBE SAFE:			
Burglary Protection <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station			
GLASS: COMPLETE ONLY IF SCHEDULED GLASS COVERAGE REQUIRED			
Type _____ <input type="checkbox"/> Inside <input type="checkbox"/> Outside Lineal Ft. _____			
GENERAL: Annual Gross Sales/Receipts excluding Rental Income: \$ _____ Annual Gross Rental Income: \$ _____			
If installation, repair or servicing operations carried out, what percentage of gross sales are derived from off premises work: _____%			
Are there any deficiencies in maintenance or housekeeping? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.			
PREVIOUS CLAIMS: Include date of loss, full details and amount paid out over the last five years.			
BROAD FORM PACKAGE:		LIMIT	PREMIUM
DEDUCTIBLE <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500			
BUILDING			
BUSINESS CONTENTS (Including Customer's Goods)			
OPTIONAL COVER: (In Addition to Package Extensions)			
INCREASED LIMIT: (Limit of Coverage in Addition to Policy Limit)	POLICY LIMIT	INCR. LIMIT	PREMIUM
ACCOUNTS RECEIVABLE	\$ 25,000		
CRIME (\$10,000 MAX.) - # of employees _____	\$ 1,000		
FIRE DEPARTMENT CHARGES	\$ 25,000		
OUTDOOR SIGNS	\$ 15,000		
PROPERTY IN TRANSIT OR TEMPORARILY OFF PREMISES	\$ 25,000		
VALUABLE PAPERS	\$ 25,000		
BUSINESS LIABILITY	\$ 1,000,000		
TENANTS LEGAL LIABILITY	\$ 100,000		
BLANKET GLASS – Policy Deductible (Applicable to Tenant in Building)			
BLANKET GLASS – Reduced Glass Deductible - \$100			
ELECTRONIC DATA PROCESSING			
EQUIPMENT BREAKDOWN (Option # _____)			
SCHEDULED GLASS			
OTHER			