

Fact Finder - Commercial Quote

Business Name: _____

Tax Status: Incorporated LLC Sole Proprietor Partnership

FEIN _____

Date business was founded? _____

Single or Multiple Locations _____

Type of Business _____

Primary Business Address: _____

City: _____ **Zip:** _____ **County:** _____

Primary Contact Name: _____

City: _____ **Zip:** _____ **State:** _____

Home #: _____ **Work #:** _____

Email: _____

How did you hear about our agency?

Annual Sales? _____

Number of employees? _____

Does client use subcontractors? Y / N

Any Losses

Any losses/claims in 5 yrs? Y / N

Business Description (Notes):

	<u>Coverage Requested</u>
<p>Prior Ins Company: _____ Policy # _____ Expiration date: _____</p>	<p>General Liability Limits Requested?</p>
<p>Building Info: Own or Rent Value of building: _____ # Stories: _____ Square Feet: _____ Other Tenants in Building? Y / N Construction Type (check): Frame: ____ Brick: ____ Yr. Built: _____</p>	<p>Workers Compensation Classification of business? Estimated Annual Payroll? Owner payroll: included or excluded</p>
	<p>Business Personal Property Coverage desired? Y / N Amount of Coverage Wanted?</p>
	<p>Non Owned Auto Coverage Do employees drive personal cars for business purposes? Y / N</p>

For Quotes

fax to: 770-783-5227 or
Email: quotes@johnscreekinsurance.com