

Commercial Insurance Request for Quote

Return Completed Form To: Commercial@J-Freeman.com
Or Fax To: (864)331-4401

(For internal use only)
Producer:
Date Received:
Source:

Commercial Business Information

Name of Business	Type of Entity	Today's Date
DBA Name	Tax ID	Policy Renewal Date
Mailing Address 1	Mailing Address 2	County
City	State	Zip
Company Website	Company Phone	Fax
Contact	Title	Email
CPA	Attorney	Bank
Year Business Started/Purchased:		

Owners' Titles	% Owner	Last Name	First Name

Operations Information

Business Industry: Other:

Description of Operations: Gross Annual Sales:

Number of Locations: [<Go to Location Data>](#)

Total Number of Employees: FT:
PT: [<Go to Employee Data by Location>](#)
Seasonal:

Coverage Information

Types of Services Interested in	Currently Yes / No	# Yrs.	Current Carrier	# of Claims (last 5 yrs)	Coverage Amount	Previous Carrier	# of Years

Location Data

Location ID	Physical Address 1	City	County	State	Zip
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

Total Sq. Footage	Sq. Ft. Occupied	Year Built	In City Limits
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Contents Type	Coverage \$
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Construction Type:	Own/Rent:	Sprinkler:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
# Stories:	Burglar Alarm:	Smoke Detector:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Connected to a Bar/Rest:	Located in a Complex:	Fire Alarm:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Name of Complex:		
<input style="width: 90%;" type="text"/>		

Building Updates: Enter Year

Wiring:	Plumbing:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Heating:	Other:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Roof:	
<input style="width: 90%;" type="text"/>	

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Building Updates: Enter Year

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Contents Type			Coverage \$		
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Construction Type:	<input type="text"/>	Own/Rent:	<input type="text"/>	Sprinkler:	<input type="text"/>
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Building Updates: Enter Year					
Wiring:	<input type="text"/>	Plumbing:	<input type="text"/>		
Heating:	<input type="text"/>	Other:	<input type="text"/>		
Roof:	<input type="text"/>				

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Building Updates: Enter Year					
Wiring:	<input type="text"/>	Plumbing:	<input type="text"/>		
Heating:	<input type="text"/>	Other:	<input type="text"/>		
Roof:	<input type="text"/>				

Employee Location Data



Location ID	Job Class	Class Code	# of Empl		Estimated\$ Yrly Payroll
			FT	PT	
Totals					