

BUSINESS QUOTE

DATE _____ REFERRED BY _____

NAME OF BUSINESS: _____ INDUSTRY: _____

CONTACT: _____ POSITION/TITLE: _____

PHONE: HOME _____ WORK _____ CELL _____ E-MAIL _____

PROPERTY

ADDRESS: _____

AMOUNT OF BULDING: _____ AMOUNT OF CONTENTS: _____

CONSTRUCTION: _____ YEAR BUILT: _____ IF OVER 20 YEARS OLD, HAVE THERE BEEN ANY UPDATES: Y N PLEASE DESCRIBE: _____

ALARM SYSTEM: Y N SPRINKLER SYSTEM: Y N

ROOF: TYPE _____ AGE _____ WPI-8 (WIND CERTIFICATE) Y N

GENERAL LIABILITY

ANNUAL PAYROLL: _____ ANNUAL RECIEPTS/SALES: _____

(PLEASE PROVIDE COPY OF CLASSIFICATION PAGE FROM CURRENT POLICY IF APPLICABLE)

ADDITONAL INSUREDS/ WAIVERS: _____

WORKERS' COMPENSATION

FEDERAL TAX ID #: _____

PAYROLL PER CLASS CODE(S) (PLEASE PROVIDE COPY OF CLASSIFICATION PAGE FROM CURRENT POLICY IF APPLICABLE): _____

CURRENT # OF EMPLOYEES: _____

EXECUTIVE OFFICERS / OWNERS TO BE EXCLUDED OR INCLUDED: _____

BUSINESS AUTO

DRIVER INFORMATION (PLEASE PROVIDE A COPY OF THE FOLLOWING INFORMATION FROM YOUR CURRENT POLICY IF APPLICABLE, IF NOT, WE WILL NEED):

DRIVERS: NAME, DATE OF BIRTH, DRIVER LICENSE #

VEHICLES: VIN # AND/OR APPLICABLE TRAILERS VIN #

COMPREHENSIVE DEDUCTIBLE: _____ COLLISION DEDUCTIBLE: _____

***PLEASE CONTACT OUR OFFICE FOR ALL OTHER TYPES OF COVERAGE YOU MAY NEED.**

***PLEASE SUBMIT YOUR COMPLETED FORM TO INFO@MAIDAINS.COM OR FAX TO 409-835-2861**