



## INFO NEEDED TO QUOTE PACKAGE/WC:

Business Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Expiration Date of Existing Policies \_\_\_\_\_

### PROPERTY INFORMATION:

Age of Building: \_\_\_\_\_ If over 20 years old need year following were updated:  
Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Wiring \_\_\_\_\_ Roof \_\_\_\_\_

Square footage of Building: \_\_\_\_\_ Square footage of space occupied: \_\_\_\_\_

Habitational Exposure: \_\_\_\_\_

Building Construction: Frame \_\_\_\_\_  
Joisted Masonry \_\_\_\_\_ (brick and/or concrete block walls)  
Non-Combustible \_\_\_\_\_ (walls/roof/floor all supported by metal)  
Masonry Non-Combustible \_\_\_\_\_ (brick walls/concrete floor w/metal roof)  
Fire Resistive \_\_\_\_\_

# of stories \_\_\_\_\_ Central Station Burglary Alarm System? \_\_\_\_\_  
Basement? \_\_\_\_\_ Central Station Fire Alarm System? \_\_\_\_\_  
Sprinklered? \_\_\_\_\_ Perimeter Lighting? \_\_\_\_\_  
Boiler? \_\_\_\_\_

Contents Limit: \_\_\_\_\_ Building Limit: \_\_\_\_\_

Computers valued at over \$25,000? – if yes, value = \$ \_\_\_\_\_

Any Losses? \_\_\_\_\_

### WORKERS COMPENSATION:

Are you incorporated? \_\_\_\_\_ Fed ID# \_\_\_\_\_

If incorporated, do you wish to exclude the corporate officers? \_\_\_\_\_

Gross Annual Payroll = \$ \_\_\_\_\_ Total # Employees \_\_\_\_\_

Any Workers Compensation Claims in the last 5 years? \_\_\_\_\_

### AUTOS:

Any corporate owned autos? If yes, provide copy of current policy and list of drivers and their driver license numbers.