

TO OBTAIN A COMMERCIAL QUOTE, PRINT & COMPLETE THIS FORM, THEN FAX IT TO (801)262-7758

Business Name: _____ Business Operations: _____

Location Address: _____

Business ph#: _____ Cell#: _____

Mailing Address: _____ Fx #: _____ email: _____

Owners Name: _____ Owners Experience: _____ Yrs in Bus: _____

EIN# _____

Type of Business: Sole Prop / Corp / Partnership / LLC Other: _____

Gross Sales: \$ _____ Payroll: \$ _____ Sub-Contractor Costs: _____

Employees: Full Time _____ Part Time _____

Property Info:

Bldg Value: \$ _____ Building Pers Prop: \$ _____ Tools/Equip: \$ _____

Property Ded: \$ _____

Bldg Type: _____ Bldg Age: _____ Sq Feet: _____

Updates: No / Yes - When? _____ What type of updates? _____

Alarm Sys: No / Yes Sprinklers: No / Yes

LOSS HISTORY 5 years: NONE / YES (If yes, attach a loss run)

Current coverage with: _____ Expires: _____

LIABILITY: (circle one)

100/300 300/600 500/1,000,000 1,000,000/2,000,000 Fire Legal: \$ _____

Medical Limits: 1,000 3,000 5,000 10,000

Liquor Legal: NO / YES 500/1,000,000 1,000,000/1,000,000 1,000,000/2,000,000