

COMMERCIAL QUOTE QUESTIONNAIRE

All questions must be answered

*Today's Date _____
Date quote Needed by (be specific): _____
How did you hear of Eaton Ins. _____
Reason for Quote (what insurance needs) _____
Name of contact person _____

GENERAL LIABILITY SECTION

1. Name of Insured (what name on policy) _____
2. Is insured a Corp. , Individual, or LLC? _____
3. Ph# _____ Fax# _____
4. EMAIL: _____ or Website _____
5. Mailing Address _____
6. Location address _____
7. Home Based Business? _____
8. Do you Own or lease location? _____ If owned who is occupant _____
9. What is the total sq. ft of bldg _____
10. If leasing, what are landlord/lease requirements _____
11. Any other requirements by landlord or other entity? _____
12. New or In Business? _____ If in business, how long _____ Years Exp. _____
13. Do you have insurance now (must answer _____
14. If currently insured, reason for call? _____
15. Current policy start date _____ expiration date _____
16. Name of current insurance carrier, if applicable _____
17. Any claims paid _____ Reason _____ Date _____ Amt _____
18. Current annual premium _____
19. Number of Owners _____ Employees: _____ FT _____ PT _____ Subs _____
20. Annual estimated cost you pay to subs you hire - annually) _____
21. Annual estimated Gross Receipts (before payroll) _____
22. Annual (W-2)employees Payroll (Total for all excluding the owners) _____
23. LIABILITY LIMITS: 100/200 - 300/600 - 500/1MILL - 1MILL/2MILL (choose one)
24. Description of Business _____

THANK YOU
KATHY HALE, AGENT (KATHY@EATONINSURANCE.NET)
EATON INSURANCE FAX# 561-966-4312
EATON INSURANCE PH # 561-966-1848

PROPERTY SECTION:

East/West of I-95? _____ *How far inland?* _____

1. Address of property being insured _____
2. Coverage Type desired: Building or Contents? _____
3. Value of Building (replacement cost, without the land) \$ _____
4. Value of Contents \$ _____
5. Year bldg built/Age of Bldg _____

6. Construction Type _____

**If built before 1980 need to know if any updates on following:*

7. Has the Roof been updated ___ full/partial ___ What year _____
8. Roof type _____ -covering _____
9. Electrical updated ___ full/partial ___ Year done _____
10. How many stories is the building _____
11. How many units are in the building (if applicable) _____
12. Monitored alarm Y/N - By Whom _____

***Must have monitored alarm to insure contents for theft building & proof of alarm**

13. Any other coverage desired? Loss of business/signs/professional _____