

Commercial Insurance Quote



Today's Date:		Referred By:	
Business Name		Business Phone	Fax
Years in Bus.		Entity type <input type="radio"/> LLC <input type="radio"/> Inc. <input type="radio"/> Ltd. <input type="radio"/> Co. <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor <input type="radio"/> Other	
Years of Mgmt. Experience for Owner(s)		FEIN/Tax ID	
Email Address		Business Website Address	

Contacts				
	First Name	Last Name	DOB	SSN
Contact Person			/ /	- -
Owners			/ /	- -
			/ /	- -
			/ /	- -
			/ /	- -

Location/Building		
Business Mailing Address	Business Physical Location	<input type="radio"/> Own or <input type="radio"/> Lease Location/Building
		Year Built
		Square Footage you Occupy
Security Alarm <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Central <input type="radio"/> Local	Fire Alarm? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Central <input type="radio"/> Local	If yes, Monitored by (Co.)

Coverage					
Mark the coverage(s) you want quote(s) for					
<input type="checkbox"/> General Liability	<input type="checkbox"/> Business	<input type="checkbox"/> Equipment	<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Loss of Income	
<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Flood	<input type="checkbox"/> Health	<input type="checkbox"/> Liquor Liability	
<input type="checkbox"/> Building	<input type="checkbox"/> Business Auto	<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Life	<input type="checkbox"/> Other	

Desired Effective Date for Coverage(s)	Do owners want to be Included or Excluded for Workers Comp? <input type="radio"/> INCLUDED <input type="radio"/> EXCLUDED
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Please describe your Business Operations in Detail			
	Current Insurance Carrier	Expiration Date	Policy #

Employees				
# of Part Time Employees	Employees paid by? <input type="radio"/> W2 <input type="radio"/> 1099	# of Full Time Employees	Estimated Payroll for next 12 months	Estimated Sales/Revenues for next 12 months
Any Work Subcontracted? <input type="radio"/> YES <input type="radio"/> NO	If yes, % Payroll for subs	Un-Insured Subs used? <input type="radio"/> YES <input type="radio"/> NO	Describe work subcontracted out to Insured Subs	

Percentage or work done for the following <i>*Required for construction companies</i>			
% Residential	% Commercial	% Industrial	% Institutions
% New Construction	% Repair	% Remodels/Additions	

Any Claims in last 5 yrs? YES NO If yes, please list details below such as date of claim, amount paid & description.

Comments? ➡



9624 Brookline Avenue
 Baton Rouge, LA 70809
 TEL 225 927 0451
 FAX 225 926 8510

Fax completed Survey to
 # 225-926-8510

Attn:
 or email to:
 info@HenryInsuranceService.com