

BOP/GENERAL LIABILITY/PROPERTY/WC QUICK QUOTE FORM**Insure Plus Ph 225-272-4004 info@InsPlus.net**

DATE: ___/___/___ Quote needed by: ___/___/___ Representative _____

Referred by? _____	Exp? __ yrs	In Bus __ yrs	New Venture?
Named Insured Owner / Email	Business Name Email		
Mailing Address	Zip		
Phone - Fax	Phone	Fax	
SS#/Fed Tax ID #	SS#	/ TaxID#	
Business Organization	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other -		
Employees # __ FT __ PT # of Owners __	<input type="checkbox"/> Annual Payroll: \$ _____ Note: Do not include owners <input type="checkbox"/> Annual Gross Sales/Receipts: \$ _____		
Current Ins. Carrier	Eff. Date	Exp.Date	Policy # Current Premium
Any losses in the last three years? <input type="checkbox"/> Yes (If Yes, details below) <input type="checkbox"/> No			
CRITICAL INFORMATION: Please be as detailed as possible			
Nature of Business/Description of Operations, Information on losses (if any):			

PLEASE COMPLETE

General Liability	<input type="checkbox"/> \$2 mil CSL <input type="checkbox"/> \$1 mil <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$100,000		
Property Insurance			
Loc #	Bldg #	Street, City, Zip	Bldg /Contents Coverage/Ded Valuation
			\$ /\$ /\$ <input type="checkbox"/> RC <input type="checkbox"/> ACV
Construction Type	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Other -		
Sprinklered / # Stories	<input type="checkbox"/> Yes <input type="checkbox"/> No / # Stories 1 2 3 4 (circle one) / <input type="checkbox"/> Ansul System		
Yr Built / Sq. Ft. / Alarm	YR Built _____	Sq. Ft. _____	Alarm Type _____ Cent/local
Loc #	Bldg #	Street, City, Zip	Bldg /Contents Coverage/Ded Valuation
			\$ /\$ /\$ <input type="checkbox"/> RC <input type="checkbox"/> ACV
Construction Type	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Other -		
Sprinklered / # Stories	<input type="checkbox"/> Yes <input type="checkbox"/> No / # Stories 1 2 3 4 (circle one) / <input type="checkbox"/> Ansul System		
Yr Built / Sq. Ft. / Alarm	YR Built _____	Sq. Ft. _____	Alarm Type _____ Cent/local
Interest / # of Employees	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant, # of Employees __ FT __ PT __ # of Owners __		
Building Improvements	<input type="checkbox"/> Wiring Yr ___ <input type="checkbox"/> Plumb Yr ___ <input type="checkbox"/> Heat Yr ___ <input type="checkbox"/> Roof Yr _____		
Work Comp- Owner Include or Exc? __			
Owner 1.DOB ___/___/___		2.DOB ___/___/___	
Class/Code _____	#emp _____	Class Payroll \$ _____	Employee 1099/W2 _____
Class/Code _____	#emp _____	Class Payroll \$ _____	Employee 1099/W2 _____
Class/Code _____	#emp _____	Class Payroll \$ _____	Employee 1099/W2 _____
Class/Code _____	#emp _____	Class Payroll \$ _____	Employee 1099/W2 _____
Current Co. _____ Premium \$ _____ rate \$ _____			
Additional Coverages:			
<input type="checkbox"/> Loss of Use \$ _____	<input type="checkbox"/> Spoilage \$ _____	<input type="checkbox"/> Liquor Legal \$ _____	<input type="checkbox"/> Dance Floor? _____ sqft
<input type="checkbox"/> Hired/NonOwned <input type="checkbox"/> Umbrella: \$ _____	<input type="checkbox"/> Contractor's Tools: \$ _____	<input type="checkbox"/> Tenant Improve/Better: \$ _____	<input type="checkbox"/> Outdoor Signs: \$ _____ Gas Pumps # _____ Sales \$ _____
<input type="checkbox"/> Contractor's Tools: \$ _____	Schedule _____	<input type="checkbox"/> Equipment: \$ _____	Schedule or Blanket?