

BUSINESS OWNERS POLICY QUOTE REQUEST

(We must have all this information completed in order to review and quote)

This is an editable form. However, you can not save information on this form in a pdf file. Once you complete the form, you are able to print a hard-copy or print to a pdf file. Once you have completed the form, you can submit it by fax or email. Fax: 336-344-7010 Email: bpoland@driespoland.com

Named Insured _____

Individual _____ Partnership _____ Corp _____ LLC _____

Address _____ City _____ St _____ Zip _____

FEIN # or Social Security Number _____ Phone # _____

Contact Name _____ Email Address _____

Years in business _____ if new or no current coverages years of experience _____

Description of operations (If I this is a lessors risk need operations of tenant) _____

Renewal Date _____ Current Carrier _____ Target Premium _____

Year prior Losses_ (3 year company loss runs will be required in order to bind coverage)

Location Address _____ City _____ St _____ Zip _____

Protection Class _____ Construction Frame _____ Joisted Masonry _____ Metal _____ Masonry Noncombustible _____

Property Deductible _____ Annual Receipts/Sales _____ Annual Payroll _____

Building Value _____ Contents Value _____ Loss of Income Limit _____

Is the building Vacant _____ If not who are the occupants (and description of operations) _____

Sq. Footage _____ Central Alarm Yes _____ No _____ Sprinklered Yes _____ No _____ # Stories _____

Year Built _____ (If over 20 year's old need to know year the following were updated):

Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

General Liability Limited Requested \$500,000 _____ \$1,000,000 _____

Optional Coverages

Employee Dishonesty Limit _____ Exterior Sign Limit _____

Spoilage Limit _____ Property off Premises Limit _____

Employment Practices Limit _____ Cyber Liability Limit _____

Account Specific Coverages:

By completing and submitting this form you agree that no coverage is bound and no policy is in effect until you are contacted by one of our representatives. All information submitted is held in the strictest confidence and is only gathered for the purposes of providing you an insurance quote. To provide the most accurate quote possible please complete all areas that apply. To provide accurate quotes, Dries Poland Insurance needs to share your information with our insurance carrier partners. By submitting this form, you agree that we will share your company's information with our partners, and you agree to be contacted by the insurance carrier if you purchase an insurance policy.