



Oscar Guido Insurance Agency

Commercial Quote

PRIMARY CONTACT INFORMATION

First Name				Last			M.I.	Date			
DBA:							Operations:				
Mailing Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____							F.E.I.N.:				
Program: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Office <input type="checkbox"/> Apartment											
Prior Carrier				Policy #			Exp.Date			Annual Premium	\$

LOCATION INFORMATION

Street Address							Unit #								
City				State			ZIP								
Year Built			Sq. Ft.			Stories			Construction Type	FRAME MANSORY TILT-UP OTHER					
Fire Sprinklers	Yes	or	No	If yes, 100% sprinklered			Yes	or	No						
Electrical System	Brakers		Yes	or	No	Fuses		Yes	or	No	Fire Extinguishers	Yes	or	No	#
Roof Tyoe			Age			Years Warranted	Any building updates?								
Last Roof Update:			Last Electrical Update:			Last Plumbing Update:			Last Heating Update:						
Alarm Company						Tel #: ()	Surveillance System					Yes	or	No	
Right Exposure				Left Exposure				Rear Exposure							
Estimated Annual Gross Sale			Full Time:	#		\$			Part Time	#		\$			
Do you own building?	Yes		or	No		If not: Landlord information. If yes: Mortgage information.									
Liability Limits:						Business Personal Property									

LANDLORD / MORTGAGEE INFORMATION

Name										
Street Address							Unit #			
City				State			ZIP			
Phone				E-mail Address						