

COMMERCIAL INSURANCE QUOTE SHEET

Insured's Information:

*Owner Name _____ *DOB _____ *SSN _____ TXDL# _____

Company Name: _____

How many years in business? _____

FEIN: _____ Entity: _____

Phone: _____ Fax: _____

*Email address: _____

Mailing Address: _____

Mailing City/State/Zip: _____

Physical/Location Address: _____

Location City/State/Zip: _____

Additional Locations: (Y/N) _____ (Attach a list if necessary)

*Current Ins Company: (Please Provide Declaration pages) _____

Policy#: _____ Premium: \$ _____

NEED LOSS RUNS FROM CURRENT INSURER

COVERAGES NEEDED:

Property Liability Inland Marine Auto Garage W/Comp

Other: _____

Owner/Tenant? _____ Square ft: _____ Year Built: _____

Any remodeling? When? Type? _____ # of Stories: _____

*Bldg Construction Type: _____ Roof: _____

*Additional Insured/Mortgagee: _____ (Attach a list if necessary)

Barry Insurance Group
Fax 281-464-3050

Date: _____

Closing Date (if new purchase): _____

Building coverage: \$ _____ Contents coverage (BPP): \$ _____

General Liability Amount: \$ _____

Gross Receipts: \$ _____

How much of your Gross Receipts are liquor sales? _____

Annual Payroll: \$ _____

Number of Employees (Full/Part): _____ / _____

Number of Drivers (if Auto/Garage) _____ # w/ CDL? _____

Any Subcontractors: (Y/N) _____ What % of work is sub'd out?: _____%

Any equipment left on job site? (Y/N) _____ Any offshore work? (Y/N) _____

Brief Description of Operations: _____

Business Auto:
(Attach a list of addt'l units)

Vehicle 1(VIN)_____	Cov (Liab/Full)
Vehicle 2(VIN)_____	Cov (Liab/Full)
Vehicle 3(VIN)_____	Cov (Liab/Full)
Vehicle 4(VIN)_____	Cov (Liab/Full)

Attach Driver List(Names, Birthdates, Marital Status, DL #)

Additional coverage:

- Flood Insurance:
- Windstorm (TWIA)
- Commercial Umbrella
- Inland Marine Equipment
- Work Comp(Need Modifier and Losses)