

Kimbrell Insurance Group

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COMMERCIAL PHONE QUOTE FORM

Coverage: Property GL Package

Agency Name: _____ Contact: _____
Email: _____ Phone: _____

Effective Date: _____ Target Premium: _____ Prior/Current Carrier: _____
Insured Name: _____ # Add'l Insd: _____
Yrs in Business: _____ Yrs Exp: _____ Type of Business (complete description): _____

Losses (3 years): _____

PROPERTY SECTION

Address: _____ City/State/Zip: _____
Constr: _____ Yr Built: _____ Updates (yr) Roof: _____ Wiring: _____ Plumbing: _____ HVAC: _____
Square Footage: _____ Protection Class: _____ Central Station Alarm: Yes No

Values

Building Value \$ _____
Contents \$ _____
Bus. Income \$ _____
Other \$ _____

Deductibles

AOP: \$ _____
Theft: \$ _____
Wind/Hail: \$ _____

GENERAL LIABILITY SECTION

Limits 300,000/300,000 500,000/500,000
 1,000,000/1,000,000 1,000,000/2,000,000
 Other: _____

Premium Basis Total Receipts \$ _____
 Payroll \$ _____
 Square Footage _____ ft²
 Number of Employees _____
 Liquor Receipts (if applicable) \$ _____

Comments to Underwriter: _____

