

Pollman's INSURANCE AGENCY, INC.

Business Quote Form

Business Name _____

Owner/Contact Person _____

Address _____

Phone # _____

Fax# _____

Type of Business _____

Hours of Operation _____

of Days _____

How Long In Business _____

How Long @ Location _____

Circle One: **Individual** **Partnership** **Corporation L.L.C.**

Gross Receipts for 12 mos. _____ Alcohol Receipts _____

Rental Receipts _____ Food Receipts _____ Delivery? _____

Owns or Rents Location? _____ Age of Building _____ Sq. Ft. _____

Fire Protection (circle all that apply): Smoke Detectors C.S. Alarm Sprinklered Fire Extinguishers

Current Homeowners Insurance Company _____ X-Date _____

Any Losses? If so, explain _____

Prevention of Future Losses if applicable _____

Liability Limit Desired _____ Contents Limit _____

Building Limit if applicable _____ Earthquake? _____

Deductible: 250 500 750 1000 2500 Any Employees? _____ How Many? _____

Special Needs or Desires? _____