COMMERCIAL

Emaly Riojas State Farm Agency
State Farm®

Info Needed for Commercial Quotes

1. What is the name of your business?
2. What type of business is it? What are your day-to-day activities?
3. What year was the business started?
4. How many owners are there?
5. How many employees do you have?
6. How long have you owned and operated this type of business?
7. What is the physical address of the business?
8. Do you own or rent this location, or is it a home based business?
   If NOT Home Based Business:
   a. Does the building have automatic sprinklers inside?
   b. Do you have a monitored alarm through an alarm company?
9. How much do you want your business property covered at?
10. Estimated Annual Income (Projected Annual Income if new business)

Contractor Quoting Worksheet

If you are able to get a copy of the policy declarations pages, it will be helpful.

Please note that loss runs will be required when submitting the applications unless it is a new business.

Type: ○ In-book ○ Walk-in ○ Cold call (your office) ○ List provider ○ Internet source ○ Referral

Customer Information

Business name: _____ **Contact name:** _____

Full business description (all services offered): _____

Customer email: _____ **Business number:** _____ **Personal number:** _____

Mailing address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Business and Insurance Information

Business type: O Sole proprietor O Partnership O Corporation O LLC O Other _____

Years in business: _____ **Years insured with State Farm commercial:** _____ **Years of continuous insurance:** _____

Current carrier and 3 years total premiums: _____ Claims within last 3 years? O Yes O No

If yes, type and amount of losses: _____

Business Location

Location address, if different from mailing address: _____

Occupancy: O Owner-Lessor O Owner-Occupied O Tenant O Business in the home _____

Square footage: _____ **Year built:** _____ **Annual gross receipts:** _____

Construction: □ Frame □ Masonry veneer □ Masonry □ Masonry noncombustible □ Noncombustible □ Fire resistant _____

Deductible: _____ Building Value:

Business Content Value*: $ _____ *Includes merchandise, stock, owned and leased furniture & equip, phones, copiers. Don't include computer values.

Value of any Tenant Betterments and Improvements: $ _____

Liability: **Medical Expense Coverage:** _____

Restaurants: _____ Percent of alcohol sales to total sales: _____%

Discounts: 100% Sprinklered Enclosed Building

Protective Devices: O Local Pull Station Fire Alarm O Local Burglar Alarm O Central Station and Proprietary Burglar Alarm
O Fire or Smoke Central Alarm O Security Guard

Claims within the past 3 Yrs? O Yes O No Type and amount of loss(es)? _____

Contractor Quoting Worksheet

Protective devices: ☐ 100% sprinklered ☐ Enclosed building ☐ Local pull station fire alarm ☐ Local burglar alarm ☐ Central stations and proprietary burglar alarm ☐ Fire or smoke central alarm ☐ Security guard

Coverage

Deductible: _____ **Building value:** _____

Business Personal Property (BPP)*: $ _____

**minimum of $1000 BPP needed to add Inland Marine coverage. BPP includes merchandise, stock, owned and leased furniture and equipment, phones, copiers. Don't include computer values.*

Inland Marine: (coverage includes actual mobile equipment as well as hand tools, ladders, scaffolding and other miscellaneous equipment)

- **Mobile equipment —**
  coverage includes actual mobile equipment as well as hand tools, ladders, scaffolding and other miscellaneous equipment
  Built in coverage limit is $10,000. Is a higher limit needed? _____
- **Installation floater —**
  coverage includes property such as building materials and related equipment while in transit, awaiting installation at or being installed at the installation location
  Built in coverage limit is $5,000. Is a higher limit needed? _____ Add transit coverage? ___
- **Computer property —**
  coverage includes computer equipment and to removable data storage media used in the business operation to store computer data
  Built in coverage limit is $25,000. Is a higher limit needed? _____

Liability limits: O $1,000,000 O $500,000 O $300,000

Medical limits: $5,000 included. ☐ Higher limit needed Amount of limit: _____

Payroll for Liability Rating

Number of owners: _____ Do any of them do strictly clerical work? O Yes O No

Number of employees: _____

Total anticipated annual payroll for all employees (excluding clerical workers, drivers, sales): $_____

Sub-contractors

Does this business hire sub-contractors? O Yes O No

If yes, total anticipated annual cost of hire for sub-contractors: $_____

What type of work are the sub-contractors doing? _____

Do they require sub-contractors to carry their own General Liability and Workers Compensation insurance? O Yes O No

Do they maintain a copy of Certificates of Insurance for all sub-contractors? O Yes O No

Be sure to uncover all of the customer's needs (including auto, workers compensation and umbrella coverages).

Business Lines Quote Worksheet

for CMP 4100 series policies only

Lead Type: O In-Book O Walk In O Cold call (your office) O List provider O Internet source O Referral

Customer Information:

Business Name:	
Business Description:	
Contact Name:	Customer E-mail:
Business Phone:	Personal Phone:
Location Address:	
City:	State: _____ Zip: _____ County: _____
Mailing Address:	
City:	State: _____ Zip: _____ County: _____
Business Website:	
SSN# or Fed ID #:	Yrs Insured: _____ Current Carrier: _____

Business Type: O Sole Proprietor O Partnership O Corporation O LLC O Other

Square Footage: _____ **Annual Gross Receipts:** _____

Number of Employees: _____ **Years in Business:** _____

Years Insured with State Farm Commercial: _____

If contractor, insured for 2 yrs? O Yes O No

Occupancy: O Owner-Lessor O Owner-Occupied O Tenant O Business in the Home

Year Built: Construction: O Frame O Masonry Veneer O Masonry O Masonry Noncombustible O Noncombustible O Fi

Discounts: 100% Sprinklered Enclosed Building

Protective Devices: O Local Pull Station Fire Alarm O Local Burglar Alarm O Central Station and Proprietary Burglar Alarm
O Fire or Smoke Central Alarm O Security Guard

Claims within the past 3 Yrs? O Yes O No Type and amount of loss(es)?

Deductible: **Building Value:**

Business Content Value*: $

*Includes merchandise, stock, owned and leased furniture & equip, phones, copiers. Don't include computer values.

Value of any Tenant Betterments and Improvements: $

Liability:	Medical Expense Coverage: _____ Automatic Extinguishing System (AES): Date last serviced: _____ Name of AES Servicing Contractor: _____
Restaurants:	Percent of alcohol sales to total sales: _____%
Accounts Receivable:	Do you need coverage for the loss of sums that are uncollectible due to damage of accounts receivable records? O Yes O No What amounts are needed? On premises: $_____ Off premises: $_____
Back Up of Sewer or Drain:	Is it Important for you to have coverage to business personal property that is lost due to water backing up from a sewer or drain? O Yes O No (min cov is 20% of cont amt - max is 50% of cont amt up to $100,000) $_____
Ordinance or Law - Incr. Cost & Demo:	(For building coverage only) Code enforcement may require that undamaged portions of a damaged building be torn down. If a building is heavily damaged, is it Important to you to have coverage that would pay to replace the undamaged portion of the building? O Yes O No
Ordinance or Law - Loss of Value:	(For building coverage only) Is it Important to you to have coverage that would pay for increased costs to repair your building resulting from ordinances regulating the construction of buildings? O Yes O No If yes, what percentage? O 10% O 25% O 50% O 100%
Computer Property:	What is the value of all computer equipment, data & media owned or leased? $_____ Deductible ($500 min): $_____
Computer Property - Loss of Income:	(Can only be purchased with Computer Property coverage) Would you suffer a loss of income if your computers were not operating due to a covered computer loss? O Yes O No If yes, provide the amt of income you could lose. $_____
Dependent Property - Loss of Income:	Would you suffer a loss of income if a key supplier, key customer, or anchor store experienced a loss to their property? O Yes O No If yes, provide the amt of income you could lose. $_____
Employee Dishonesty:	Is it Important to have coverage for employee theft? O Yes O No Number of employees: ___ If yes, provide coverage amount: O $5,000 O $10,000 O $25,000 O $30,000
Signs:	How much is your sign worth? $_____

Business Lines Quote Worksheet (cont.)

Garage Keepers Liability:	Do you need comp & collision coverage for customer's vehicles in your care, custody & control? O Yes O No Physical Damage Limit: $
Garage Liability:	Do you need coverage for liability arising out of the use of customer owned autos? O Yes O No
Hired Auto:	Need liability cov for vehicles rented by the business? O Yes O No If yes, provide amount spent per year to rent. $
Money & Securities:	Is it Important to have coverage for theft of cash? O Yes O No What is the most you have on hand? On premises: $ Off premises: $
Seasonal Increase:	Do you need a 40% increase of business personal property to provide for seasonal variations? O Yes O No (Not available for Rel Org, Apart, Condo)
Property of Others:	Do you have property of others in your control? O Yes O No If yes, provide value. $
Spoilage:	Do you need cov for loss of merchandise caused by temp change resulting from fluctuation or total interruption of electric power or mechanical breakdown of refrigeration/heating equipment? O Yes O No If so, provide value of these items. $
Utility Interruption:	Is it Important for you to have coverage that would pay for your loss of income if your business had to be closed due to failure of communications, water, natural gas, or electrical service caused by a specified cause of loss away from your business premises? O Yes O No If yes: O $10,000 O $20,000 O $30,000
Valuable Papers:	Do you need coverage to research and replace valuable papers? O Yes O No What is the cost? On premises: $ Off premises: $

Worker's Compensation or Contractor Policies:

Work Comp: be sure to include below all officer/owner payroll that will be covered by this policy

Years Insured for Worker's Comp: _____ 3 Year Workers Comp Claim History: O 0 O 1 O 2 O 3 O 4+

Job Duties: _____ **Payroll Amount: $** _____

Job Duties: _____ **Payroll Amount: $** _____

Job Duties: _____ **Payroll Amount: $** _____

Subcontracted Duties: _____ **Total Cost: $** _____

Subcontracted Duties: _____ **Total Cost: $** _____

Business Auto:

Employees drive own cars O Yes O No Do you rent/lease cars for business purposes? O Yes O No

Estimated Yearly Cost of Rentals? $ _____

Coverages Requested: PIP Limit: _____ Med Pay Limit: _____ BI/PD Limits: _____

UM Limit: _____ Physical Damage Coverage: Comp/Collision Ded: _____ Value of Attached Equipment: $ _____

Any major violations by drivers within the last three years?

If able to obtain the current dec page/vehicle listing, only necessary to provide Radius of Operation, Vehicle Use, and Loan Amount fields for each vehicle below. Additional vehicles may be added to the Vehicle Addendum if necessary.

#	Year	Model	Body Type	VIN or Gross Vehicle Weight	Radius of Operation	Vehicle Use	Physical Damage Cov Comp Ded	Coll Ded
1								
2								
3								
4								
5								
6								

Commercial Liability Umbrella: Do you need more liability coverage than what is provided under the business liability policy?

Specialty Products:

Empl Practices Liability	Accountants Professional	Arch/Engineers Professional	Dentists Professional	Technology Services E&O	D&O