# 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<br>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<br>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<br>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<br>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<br>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: $** _____

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

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

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## 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 |
|---|---|---|---|---|---|