

Trinity Insurance Agency - Commercial Quote Questionnaire

General Liability Coverage

How did you hear about us?	
Effective Date Requested	
Business Name	
Contact Person & Phone Numbers	
Corp., LLC, Individual or Other	
FEIN # or SS #	
Mailing Address	
Location Address	
Description of Operations	
# Yrs. of Experience	
# Yrs. in Business	
Prior Insurance? # of Yrs? Amt?	
Any Losses? Can provide loss runs?	
Amount of Liability Required?	
Annual Sales?	
What states operated in?	
Email Address	
Total Annual Payroll	

Property Coverage

Address of Property	
Property Value	
Deductible desired	
Year Built	
Square Footage	
Construction Type	
Owned, leased/rented?	
Additional Insured	
Remodeled? Electrical - Aluminum Wiring?	
Year of Plumbing, A/C, Heating, Roofing updates	
Name of Fire Dept	
Distance to Fire Station and Hydrant	

Worker's Compensation

All Operations	
# of Employees for Each Class (FT or PT)	
Annual Payroll for Each Class	
Owners, Percentage owned and DOB	
Are owners included/excluded?	

Commercial Auto

Vehicle Info - VIN, Yr., Make, Model, Cost New	
Lienholder	
Driver Info - Name, DOB, DL #, & State	
Any violations/accidents	