

1524 East 1110 North • Orem, UT 84097 • Phone: 801-226-8106 • Fax: 801-226-0986

Commercial Quote Sheet

Business Name:			DBA:	DBA:		
Contact Name:	Phone:		Email:	Email:		
Address:						
City:		_ State:	Zipcode: _			
Mailing Address:						
ity: S		State:	Zipcode: _	Zipcode:		
☐ Individual	☐ Partnership		□ As	sociation	☐ Corporation	
Detailed Description of Bu	siness Operations:					
			EDIN I	//001		
				FEIN/SSN:		
Full Time Employees:	Part Time Employe		_	Ann.	Sales:	
		<u>Property</u>	<u>Info</u>			
Construction Type:	Year F	Built:	Alarm: <u>Ye</u>	s/No If Yes, Ce	ntral Station: <u>Yes/No</u>	
Sq Ft of Building:	Sq Ft Leased	:Sq	Ft Open to Public _	# of Sto	ories:	
Distance to Fire Station:	nt:	% Sprinklered:				
Have building upgrades b	peen done? Yes/No If	so, year comp	leted: Wiring	Plumbing	Roof	
		Coverage	Info			
Requested Liability Limits	:					
Do you currently have Cyl		Retro Date:				
Do you currently have EPI		Retro Date:				
Worker's Compensation:		EMOD:				
Current Carrier:	Ca	n you provide	e a copy of current p	oolicy? <u>Yes/No</u> R	letro Date:	
Do you need Professional Liability?			If yes, Limits:			
Have you had any claims	n the last 3 years? Yes,	/No_ If yes, p	lease list:			
Additional Insureds: Yes/ include a copy of your lease.) If yes, please list:				an address any special r	equirements. If leasing please	