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Des Plaines, IL 60016
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***WARNING * After completing this form please
print out and send by fax to number listed above.**

Order For Insurance Quote
(No Charge - No Obligation)
Building, Warehouse, Office

Business Name:

Address:

City: State: Zip Code: SIC Code:

Phone #: Fax #:

Will this replace an existing business policy: ☐ Yes ☐ No

Is the address above also the garaging address? ☐ Yes ☐ No

General Liability

☐ **Protect the assets of a business in case of a lawsuit related to injury or property damage.**

Warehouse, Building or Office

Year Built or Last Update Completed:

Legal Entity /Status:

Constructions Type:

Numbers of Years in Business:

Number of Stories:

Gross Annual Payroll:

Total Square Footage of Building:

Gross Annual Revenue:

Burglar Alarm:

Fire Alarm: Type:

Years of Owner Experience within Industry:

Physical Building (Office) Coverage Limit: \$

Business Personal Property Amount: \$

Number of Full -Time Workers:

Desired Amount of General Liability Coverage:

Number of part -Time Workers:

Square Footage of Space Occupied by the Business:

Desired Deductible Amount:

Brief description
of the business:

Date