



1585 Ellinwood Ave Ste 210
Des Plaines, IL 60016
Ph.: (847) 391 - 5100
Fax: (847) 298 - 8961

Order For Insurance Quote
(No Charge - No Obligation)
Contractor

***WARNING * After completing this form please
print out and send by fax to number listed above.**

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: ☐

Workers Compensation: ☐

Commercial Auto ☐

Provides coverage for business-use vehicles. Can range from one car to an entire fleet.

Bond ☐

Two major types :

Surety - Guarantees compliance with local laws and fulfillment of contractual obligations.

Fidelity - Protect business for losses related to fraudulent employee acts.

General Liability, 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:

Workers Compensation

Legal Entity /Status:

Numbers of Years in Business:

Number of Full -Time Workers:

Gross Annual Payroll:

Number of part -Time Workers:

Gross Annual Revenue:

Years of Owner Experience within Industry:

Limit

Brief description
of the business:

Commercial Auto

Street Address of Garaging Location:

City:

State

Zip Code

Select Additional Coverage Types to Discuss with the Agent:

☐ Medical Coverage

Medical Payments: \$

☐ Rental Reimbursement

☐ Towing

Limits Policy Information:

	Bodily Injury*	Property Damage**
<input type="checkbox"/> State Minimus	20,000 / 40,000	15,000
<input type="checkbox"/> Good Coverage	50,000 / 100,000	50,000
<input type="checkbox"/> Better Coverage	100,000 / 300,000	100,000
<input type="checkbox"/> Maximus Coverage	250,000 / 500,000	100,000

*Bodily Injury Coverage will pay for injuries caused by you or other drivers in your household after an accident.

**Property Damage Coverage will pay for damages caused by you or other drivers to personal or public property during an accident.

Select Additional Coverage Types to Discuss with the Agent:

☐ Non - owned Auto

☐ Commercial Umbrella Coverage

☐ Business Interruption Coverage

Desired Commercial Auto Liability Limit:

Desired Uninsured/Under insured Motorist Limit:

Number of Vehicle:

Number of Drivers:

Max. Distance Travel:

Desired Deductible: \$

List of Equipment

List	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Vin #	<input type="text"/>	Purchase cost	<input type="text"/>	Stated amount	<input type="text"/>
										Gross Weight	<input type="text"/>
Lien holder / Lessor Name					Loss Payee / Lessor address						
List	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Vin #	<input type="text"/>	Purchase cost	<input type="text"/>	Stated amount	<input type="text"/>
										Gross Weight	<input type="text"/>
Lien holder / Lessor Name					Loss Payee / Lessor address						
List	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Vin #	<input type="text"/>	Purchase cost	<input type="text"/>	Stated amount	<input type="text"/>
										Gross Weight	<input type="text"/>
Lien holder / Lessor Name					Loss Payee / Lessor address						
List	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Vin #	<input type="text"/>	Purchase cost	<input type="text"/>	Stated amount	<input type="text"/>
										Gross Weight	<input type="text"/>
Lien holder / Lessor Name					Loss Payee / Lessor address						
List	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Vin #	<input type="text"/>	Purchase cost	<input type="text"/>	Stated amount	<input type="text"/>
										Gross Weight	<input type="text"/>
Lien holder / Lessor Name					Loss Payee / Lessor address						

List of Driver

<input type="text"/>	<input type="text"/>	<input type="text"/>	DOB	<input type="text"/>	Year of Experience	<input type="text"/>
First Name	M.I.	Last Name				
DL #	<input type="text"/>	State	<input type="text"/>	Choose One	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	DOB	<input type="text"/>	Year of Experience	<input type="text"/>
First Name	M.I.	Last Name				
DL #	<input type="text"/>	State	<input type="text"/>	Choose One	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	DOB	<input type="text"/>	Year of Experience	<input type="text"/>
First Name	M.I.	Last Name				
DL #	<input type="text"/>	State	<input type="text"/>	Choose One	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	DOB	<input type="text"/>	Year of Experience	<input type="text"/>
First Name	M.I.	Last Name				
DL #	<input type="text"/>	State	<input type="text"/>	Choose One	<input type="text"/>	

<input type="text"/>	Date	<input type="text"/>
----------------------	------	----------------------