



COMMERCIAL QUOTE REQUEST

Business Owners Policy

Effective Date:	
Insured name:	
DBA:	
Insured email address:	
Business website:	
Legal entity (corporation, sole proprietor, etc.):	
FEIN/SSN:	
Phone number:	
Fax number:	
Cellular number:	
Street address:	
City, State, Zip Code:	
Nature of business:	
Years in business:	
Year business started:	
Years of management experience:	
Number of employees:	
Prior Insurance? (incl. carrier name, premium amount, and expiration date)	
Prior Losses? (if yes, provide loss runs)	
Policy General Liability Limits	
Per Occurrence/Aggregate:	
Personal Injury-Adv./Prod. Completed/Ops:	
Medical Expenses:	

Damage to Rented Premises:	
General liability deductible:	
Location/premises information-limits	
Location 1, Street address:	
Location 1, City, State, Zip Code:	
Location 1, Construction Type:	
Location 1, Year built:	
Location 1, Square feet occupied:	
Location 1, Number of stories occupied:	
Location 1, Alarm system type (theft/fire):	
Location 1, Sprinkler system (y/n):	
Location 1, Building limit:	
Location 1, Business personal property limit:	
Location 1, Deductible:	
Location 1, Gross sales:	
Location 1, Additional interest:	
<i>Location 1, Updates: (Only required if building older than 1985)</i>	
Wiring year:	
Roofing year:	
Plumbing year:	
Heating year:	
<i>Please repeat the above information for any additional locations.</i>	
Hired/Non-owned coverage?	
Umbrella coverage requested?	
Other additional coverages required?	
Producer/Agency:	

ADDITIONAL NOTES:

**Fax your request to 760-744-2680 or email to steve@gibbsinsurance.com
APPLICATION SUBMISSION DOES NOT BIND COVERAGE**