

**PFC Insurance Center
Business Quote**

General Information:

Contact Name: _____
Email: _____
Phone Number: _____
Business Name: _____
Mailing Address: _____
City: _____
State: _____
Zip/Postal Code: _____
County: _____
Business Phone: _____
Fax: _____

Fed Emp ID #: _____
of Independent Contractors: _____

Current Insurance Company:

Company Name: _____

Current Insurance Coverage's:

Current coverage's:	Bond
	Commercial Auto
	Commercial Liability
	Commercial Property
	Commercial Umbrella
	Directors & Officers Liability
	Disability
	Group Health
	Group Life
	Professional Liability
	Worker's Compensation
	Other

Business Information:

of Full-Time Employees: _____
of Part-Time Employees: _____
How long in business? (yrs): _____
How many locations?: _____
Please give a brief description of your business and clientele:

Describe any claims you've had in the past 5 years:

Services Provided:

Additional Comments:
