PFC Insurance Center Business Quote

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

Property/Premises Information:						
Address:						
Occupancy Status: Year Built:	Own	Rent				
% Occupied:						
		No				
# Basements:						
Sa. Footage:						
Burglar Alarm:	Yes	No				
Contents:						
Other Property						
(specify):						
Insurance Information:						
Other:						
Annualized Payroll:						
Limits Requested:						
			\$300,000 \$500,000			
			\$1,000,000			

\$2,000,000

Describe any claims you've 	had in the past 5	years: 	 	
Services Provided:			 	
Additional Comments:			 	