



BUSINESS INSURANCE PROFILE SHEET

Exp. Date:

Need Quote by:

Business Developer/Referral:

Name:	DBA:
DL# State	Owns Other Business:
Address:	Mailing Address:
Entity Type:	County:
SS#	Mobile:
FED ID#	Business:
Years in Business:	Fax:
Years Business Experience:	Email:

Type of Construction:	Lot Size:
Year Build:	Surveillance Cameras?
Square Foot	Business Hours:
# Of Stories:	
Last Update Year	Building Value:
Roof: Elect Plum. HVAC	
Sprinkled:	Business Property Value: \$
Alarm Type:	Fixture Value : \$
Panic Button?	Deductible \$
Drop Safe?	Canopy Size:
Number of Pumps:	# of Dispensers:
Age of Pumps:	# of Tanks:
Tank Type:	Mentoring System?
Propane Tank (s) ?	Cooking?
Switch Fill (#of Tanks)	Monthly Payroll: \$
Car Wash Sales \$	# of Employees Full-Time:
# Of bays:	# of Part time Employees:

Gasoline Gallons: Receipts: \$	Gas Brand:
Annual Grocery/Soda Etc \$	Beer & Wine Sales \$
Liquor Sales \$	Repair Receipts \$
Tobacco Sales \$	Cigarette Inventory \$
Money Orders \$	Check Cashing?
Western Union \$	Propane Sales \$

Liability Limits:	Hired & NOA?
Umbrella Quote:	Liquor Liability:
Current Company:	Workers Comp. Company:
Policy #	Policy # Expiration:
Any Claims in the past (3) years?	
Notes:	