

Commercial Property & Casualty Quick Quote Form

- For Quotation Purposes Only – Acord applications and/or supplementals will be required if bound.
- Please review the quotation(s) for required items.

insured owner name _____ Email and Cell _____

Business and DBA Name: _____ ☐ Owner ☐ Tenant

Mailing Address: _____

Location Address: (☐ same as Mailing) _____

Entity: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Non-Profit Organization ☐ Other: _____

Description of operations (Please be as descriptive as possible to ensure an accurate and competitive quotation):

Number of years in this type of business: _____ Number of years of experience: _____

Has any carrier declined, cancelled, or non-renewed coverage during the prior three years? ☐ YES ☐ NO If yes, provide detailed explanation

Expiring Carrier: _____ Expiration Date: _____ ☐ NEW VENTURE

LOSS HISTORY (previous five years) ☐ None ☐ See attached loss runs Describe in detail all losses over the previous five (5) years:

Date of Occurrence	Description	Open/Closed	Amount of Loss
		<input type="checkbox"/> Open <input type="checkbox"/> Closed	
		<input type="checkbox"/> Open <input type="checkbox"/> Closed	
		<input type="checkbox"/> Open <input type="checkbox"/> Closed	

Cooking Exposure? ☐ Yes ☐ No *If YES, all cooking must be under a UL approved automatic fire suppression system with automatic shut-off control, currently tagged, under semi-annual cleaning contract with a professional firm, and any fryers are more than 16 inches away from an open flame or have a metal baffle between them.

PROPERTY

☐ Owned

☐ Leased

Limits

Building \$ _____

Contents/BPP \$ _____

Business Income \$ _____

Pumps \$ _____

Canopy \$ _____

Sign \$ _____

Other _____ \$ _____

Co-Ins

_____ %

_____ %

Monthly Limitation:

☐ 3 ☐ 6 ☐ 9 ☐ 12

_____ %

_____ %

_____ %

_____ %

Valuation

☐ ACV ☐ RCV

☐ ACV ☐ RCV

☐ ACV ☐ RCV

☐ ACV ☐ RCV

☐ ACV ☐ RCV

☐ ACV ☐ RCV

☐ ACV ☐ RCV

LIABILITY

General Aggregate ☐ 300K ☐ 500K ☐ 600K ☐ 1M ☐ 2M

Prod & Comp/Ops Agg ☐ 300K ☐ 500K ☐ 600K ☐ 1M ☐ 2M

Personal & Adv Injury ☐ 300K ☐ 500K ☐ 600K ☐ 1M ☐ 2M

Occurrence Limit ☐ 300K ☐ 500K ☐ 600K ☐ 1M ☐ 2M

Fire Legal ☐ 300K ☐ 500K ☐ 600K ☐ 1M ☐ 2M

Medical Expense ☐ 1,000 ☐ 5,000

Deductibles (BI/PD) ☐ 0 ☐ 250 ☐ 500 ☐ 1,000 ☐ 2,500

Employee Payroll \$ _____ # of Employees _____

of Owners _____ (include Officers, Partners, etc.)

Gross Annual Receipts (Breakdown between operations):

Rating Basis Used
(sales, gallons, payroll) Exposure

Operation _____

Additional Information or Remarks: _____

Building Information

Year Built _____

Total Sq Ft _____

of Stories ☐ 1 ☐ 2 ☐ 3

% Occupied _____ %

Sprinkler System ☐ Yes ☐ No

Construction Type

☐ ISO 6 – Fire Restrictive

☐ ISO 5 – Modified Fire Resistive

☐ ISO 4 – Masonry Non-Combustible

☐ ISO 3 – Non-Combustible

☐ ISO 2 – Joisted Masonry

☐ ISO 1 – Frame/Brick Veneer

Building Updates (Required if over 20 years old)

Roof _____ Wiring _____

Plumbing _____ Heating _____

*Additional Insured(s) & Waiver of Subrogation require Name, Address, and Relationship to above applicant. Place in remarks section or attach additional sheet.

Send all submissions to: Discount Insurance Inc

460 Plantation DR, Lake Jackson TX 77566

OFF: 979-297-1700 cell 832-483-2550 email Dinsurance2@gmail.com