

RBD INSURANCE SERVICES

COMMERCIAL / BUSINESS INSURANCE QUOTE REQUEST

Business Name: _____

Contact Name & Title: _____ Phone: _____

Email Address: _____ Website: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

EIN or SSN (for sole proprietor) _____ Date Business Started: _____

What type of insurance are you seeking: General Liability Professional Liability Commercial Auto

Other: _____

Please describe in detail the nature of your business: _____

Years of Experience in this business/trade: _____ Number of Employees: _____

Estimated Annual Payroll: _____ Estimated Annual Revenue: _____

Are you currently Insured? If so, with whom: _____

Have you had any losses or claims in the last 3 years: _____

Loss Explanation: _____

Do you want coverage for your Business Personal Property (tools, equipment, office furniture) If so, how much coverage do you need?: _____

In order to cover your Business Personal Property, we will need the following information about your office/building where your business is conducted:

Year built: _____ Owner or Tenant?: _____ Approx Square Footage: _____

Type of roof: _____ Alarm system: Yes No Alarm Servicing Company _____

If the building is older than 20 years, please indicate when the following was replaced or updated:

Electrical: _____ Plumbing: _____ HVAC: _____ Roof: _____

Depending on the type of business you have, we may require additional information but this will definitely get the ball rolling for you! Please email this completed to Sam@RBDInsuranceServices.com or

Fax to: (480) 718-7930