

NELSON-PATTERSON AGENCY, INC.

Insurance - Risk Management - Administrative Services

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Business Owners Quote

Date: ____/____/____ Info Taken by: _____ Producer: _____

Business Name: _____

Business Address: _____

Business #: _____ Business Fax #: _____

Business email: _____ Contact Person: _____

Effective Date: _____ Total Receipts: _____

Building

year constructed: _____ # of stories: _____ sq. foot: _____

construction type: _____ alarms: _____ sprinklers: _____

Year of Updates

roof: _____ plumbing: _____ electric: _____ heating: _____

Coverage

building limit: _____ ded.: _____

contents limit: _____ ded.: _____

liab. limit (pls. circle): 300,000 or 500,000 or 1 million

Optional Coverage, (pls. circle)

spoilage: \$ _____ glass: type _____ & sq. ft. _____

systems breakdown money & securities

back up sewers & drains liquor legal liab.

hire & non owned employee dishonesty

other: _____

Specifics

Auto Services: #f/t emp.: _____ #p/t emp.: _____ #pumps: _____

Professional Liab.: #f/t emp.: _____ #p/t emp.: _____ #manicurist: _____

Dry Cleaner: bailee limit: \$ _____

Restaurant: food sales: \$ _____ liq. sales: \$ _____ dance floor: sq. ft _____

pls. circle → entertainment delivery valet park

Prior Ins. Info.: _____

Notes/Comments: _____