OFFICE LIABILITY QUOTE REQUEST

Contact Name & Phone #: _____

Name: _____
Address: _____
City/St/Zip: _____

Legal Entity: (Ind, Partnership, Corp., etc.) _____
 # Years in Business: _____ # Years in this Field: _____

Anticipated Coverage Effective Date:
OR - Renewal Date of Old Policy _____

	Own	or	Rent
Do you own or rent space in the building?			
Square Footage of space you occupy:			S.F.
Square Footage of entire building:			S.F.
Number of stories of building:			
% of entire building occupied:			%
Annual Sales/Receipts:	$		

Construction of building:

Please select one of the following. If uncertain, please list explanation of building.

_____ Frame
_____ Brick over Wood Frame
_____ Cement Block
_____ Poured Concrete or Brick/Block over Steel Framing

Year Built: _____

Bldg. Sprinkler System: YES NO

Building Limit $ _____
Business Liability Limit: $ _____
Deductible: $ _____
Replacement cost of Building (if owner): $ _____
Estimated replacement cost of contents in your office: $ _____

1. Any losses within the past three years? If so, please provide information on the back. **Yes/No**
2. Describe and list replacement value of most expense piece of equipment in your office on back.
3. Describe and list replacement cost & approx time to repair or replace item(s) that would take longest to repair or replace on back of worksheet.

Any additional coverages or increased limits requested?

Increase in Fire Legal Limit _____
Hired and non-owned auto _____
Employment Practices Liability _____
Stop Gap _____
Business Income for Interruption of Practice _____
Reimbursement for Legal Expenses Coverage for Court or Review Boards _____
Reimbursement for Legal Expenses Coverage for Disposal of Dental Waste _____

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