



Commercial Insurance Quote Sheet

Questions? Please contact Hilary Varner, hvarner@sentinelra.com, 919-926-4639
or Natalie Fitzgerald, nfitzgerald@sentinelra.com, 980-256-7037

General Information:

Named Insured / Entity Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone Number _____ Contact _____
Email Address _____ Number of years in business _____
Type of legal entity:
☐ Corporation ☐ Subchapter S Corporation ☐ Sole Proprietorship ☐ LLP ☐ PA ☐ Other _____

Package/BOP Policy Information:

Current insurance carrier _____ Expiration date: _____
Annual premium: \$ _____ Do you have an umbrella policy? What is the limit? \$ _____

Property Information:

Building Type: ☐ Building Owner ☐ Tenant ☐ Lessor ☐ Condo Unit Owner
Street Address (if different from above) _____
City _____ State _____ Zip _____
Year of building construction: _____ Number of stories: _____
Building limit (cost to replace the building, only if owned): \$ _____
Business personal property (cost to replace office contents, computer systems): \$ _____
Alarms: ☐ Fire ☐ Burglar ☐ Monitored/Central Station ☐ Non-Monitored/Local Sprinklers: ☐ Yes ☐ No
Type of construction for building:
☐ Wood Frame ☐ Brick/Masonry walls with metal supported roof
☐ Brick/Masonry walls with wood supported roof (Joisted Masonry) ☐ Fire Resistive
☐ Non-Combustible (Metal)

If building is 25 years or older, indicate the year each system was updated:

Wiring: _____ Roofing: _____ Heating: _____ Plumbing: _____
Square footage occupied by you: _____ Total Square Footage of building (all occupants): _____

Workers' Compensation Policy:

Federal ID #: _____ Current Carrier: _____
Annual Premium: \$ _____ Expiration Date: _____
Total number of employees: _____ Officers Included on Workers Compensation policy: ☐ Yes ☐ No
Estimated annual payroll for all employees (EXCLUDING OFFICERS/OWNERS) \$ _____
Estimated annual payroll for officers/owners only \$ _____
Officers' Information:
Name: _____ Title: _____

Estimated Annual Revenue: _____

Please describe any prior claims including date of loss, description of incident and any amount paid:
