



SENTINEL
RISK ADVISORS

Commercial Insurance Quote Sheet

Questions? Please contact:

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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 wood supported roof (Joisted Masonry)
- Non-Combustible (Metal)
- Brick/Masonry walls with metal supported roof
- Fire Resistive

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:

