



Medical Commercial Insurance Quote Sheet

Questions? Please contact us at:
medical@sentinelra.com, 919-926-4643

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 PLLC PC Sole Proprietorship LLP PA Other

Package/BOP Policy Information:

Current insurance carrier Expiration date:
Annual premium: \$ General Liability Limits: \$

Property Information:

Building Type: Building Owner Tenant Lessor Condo Owner
Street Address (if different from above)
City State Zip
Year built: # of stories: Property owner name:
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 Masonry Non-Combustible (Brick/Masonry Walls with Metal Joists)
Joisted Masonry (Brick/Masonry Walls with Wood Frame Roof) Semi Fire Resistive or 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:
Estimated annual payroll for all employees (EXCLUDING OFFICERS/OWNERS) \$

Officers' Information:

Name: Title: Annual Pay: Include Exclude
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Estimated Annual Revenue:

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

Three horizontal lines for describing prior claims.