Business Lines Quote Worksheet

for CMP 4100 series policies only

Lead Type: O In-Book O Walk In O Cold call (your office) O List provider O Internet source O Referral											
Customer Information:											
Business Name:		Business Type:									
Business Description:		Sole Proprietor Partnership									
Contact Name:	Corporation CLLC Other Square Footage:										
Customer E-mail:	Annual Gross Receipts:										
Business Phone:	Personal Phone:	Number of Employees:									
Location Address:		Years in Business:									
City:		Years Insured with State Farm Commercial:									
State: Zip:	County:										
Mailing Address:		If contractor, insured for 2 yrs? O Yes O No									
City:		Occupancy:									
State: Zip:	County:	Owner - Lessor Owner - Occupied									
Business Website:		Tenant Business in the Home									
SSN# or Fed ID #: Yrs Insured: Current Carrier:											
Year Built:		nry Noncombustible Noncombustible Fire Resist									
Discounts: 100% Sprinklered Enclosed Building											
Protective Devices: O Local Pull Station Fire Alarm O Local Burglar Alarm O Central Station and Proprietary Burglar Alarm Fire or Smoke Central Alarm O Security Guard											
Claims within the past 3 Yrs?	Yes O No Type and amount of loss(es)?										
Deductible:	Deductible: Building Value:										
Business Content Value*: \$	*Includes merchandise, stock, owned and leased furniture & e	quip, phones, copiers. Don't include computer values.									
Value of any Tenant Betterments and	l Improvements: \$										
Liability:	Medical Expense Coverage:										
Restaurants:	Percent of alcohol sales to total sales: Automatic Extinguishing % Name of AES Servicing C	System (AES): Date last serviced: ontractor:									
Accounts Receivable:	amage of accounts receivable										
	records? O Yes No What amounts are needed? On premises:										
Back Up of Sewer or Drain:	Is it important for you to have coverage to business personal property that										
Ordinance er Lew	sewer or drain? • Yes • No (min cov is 20% of cont amt - max is 50										
Ordinance or Law - Loss in Value:	(For building coverage only) Code enforcement may require that undamaged portions of a damaged building be torn down if a building is heavily damaged. Is it important to you to have coverage that would pay to replace the undamaged portion of the building? \bigcirc Yes \bigcirc No										
Ordinance or Law -	(For building coverage only) Is it important to you to have coverage that w	ould pay for increased costs to repair									
Increased Cost and Demolition: your building resulting from ordinances regulating the construction of buildings? If yes, what percentage?											
Computer Property:	What is the value of all computer equipment, data & media owned or leas	ed? \$									
	Deductible (\$500 min) \$										
Computer Property -	(Can only be purchased with Computer Property coverage) Would you suffer a loss of income if your computers were not operating										
Loss of Income:	due to a covered computer loss? O Yes O No If yes, provide the amt of income you could lose. \$										
Dependent Property -	pendent Property - Would you suffer a loss of income if a key supplier, key customer, or anchor store experienced a loss to their property? Yes O No If yes, provide the amt of income you could lose. \$										
Employee Dishonesty:	Number of employees:										
If yes, provide coverage amount. \$5,000 \$10,000 \$25,000 \$50,000											
Signs:	How much is your sign worth? \$										

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Garage	e Keepers	Liability:	Do you need co	mp & collision coverage fo	or customer's veh	icles in vou	r care, custody a	& control?		_		
Ū	•		Do you need comp & collision coverage for customer's vehicles in your care, custody & control? Oregon No Physical Damage Limit: \$									
Garage	e Liability	•										
Hired												
			Need liability cov for vehicles rented by the business? O Yes No If yes, provide amount spent per year to rent. \$									
Money	/ & Securi	ities:				O	○ N-					
wone		itics.	Is it important to have coverage for theft of cash? O Yes O No									
Seasor	nal Increa	<u>ده</u> .		st you have on hand? 10% increase of business p	On premises:			ff premises: \$				
568301		56.	for seasonal var		Yes O No	to provide		ble for Rel Org,	Apart, Cond	c)		
Proper	ty of Oth	ers:			ontrol?	Yes (\$	-,		
Spoila	ge:		Do you have property of others in your control? Yes No If yes, provide value. \$ Do you need cov for loss of merchandise caused by temp change resulting from fluctuation or total interruption									
			of electric power or mechanical breakdown of refrigeration/heating equipment? O Yes O No									
			If so, provide value of these items.									
Utility	Utility Interruption: Is it important for you to have coverage that would pay for your loss of income if your business had to be closed due to											
			failure of communications, water, natural gas, or electrical service caused by a specified cause of loss away from your business premises? O Yes O No If yes: O \$10,000 O \$20,000 O \$30,000									
Valuat	le Papers		business premis				0 \$20,000 0	4507000				
Varaas	ne i uper		-	verage to research and rep	-	-	0	es 🔿 No				
What is the cost? On premises: \$ Off premises: \$ Worker's Compensation or Contractor Policies: 5 5 5 5												
		•		r payroll that will be cove	red by this policy							
Years I	nsured fo	r Worker's Comp:		3 Year Workers	Comp Claim Histo	ory:	0 0 10	2 () 3 () 4+				
Job Du	ties:	•			·			Payroll Amount	: \$			
Job Du	ties:							- Payroll Amount	: \$			
Job Du	ties:							- Payroll Amount	: \$			
Subcor	ntracted D	Outies:						- Total Co	st: \$			
	ntracted E							Total Co	· · · · ·			
									<u> </u>			
Business Auto:												
Employees drive own cars Yes No Do you rent/lease cars for Yes No Estimated Yearly Cost for the business? business purposes? of Rentals? c												
Covera		ested: PIP Limit		Med Pay Li	mit:		BI/D	D Limits:				
Coverages Requested: PIP Limit:			Med Pay Limit: BI/PD Limits:									
UM Lir	nit:	Phys	sical Damage Cover	age: Comp/Collision Ded:		Value of	Attached Equip	ment: \$		_		
Any m	ajor violat	tions by drivers wit	nin the last three y	ears?								
				hicle listing, only necessar		ius of Opera	ation, Vehicle U	se, and Loan Am	ount fields f	or each	vehicle	
	be	low. Additional vel	nicles may be adde	d to the Vehicle Addendur		Radius of		Physical Dar				
#	Year	Model	Body Type	VIN or Gross Vehicle	- Weight	Operation	Vehicle Use	Comp Ded	Coll Ded	N	ISRP	
1												
2												
3												
4												
5												
6												
Comm	nercial Li	ability Umbrella:		Do you need more liabilit	y coverage than v	what is prov	vided under the	business liability	/ policy?			
Specia												
		Liability (EPLI)	Professional			Professional	Technology Services E&O					
Business Continuation Planning:												
Detirement Dregnemi				Do you have plans in place for a business transition following your retirement?								
Retirement Program: Are you satisfied with your overall life/health insurance and retirement program?												
				Are you interested in seeing options for a benefit program to help FSA Name:								
				you attract & retain quality employees?								