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COMMERCIAL PACKAGE QUOTE REQUEST

1 GENERAL INFORMATION

PROSPECT INSURED NAME: _____ CONTACT NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____ EMAIL: _____ WEB: _____

2 BUSINESS INFORMATION

TYPE OF ENTITY: INDIVIDUAL CORPORATION "S" CORPORATION PARTNERSHIP JOIN VENTURE LIMITED LIABILITY OTHER: _____
YEAR BUSINESS ESTABLISHED: _____ YEARS EXPERIENCE: _____ PROFESSIONAL LIABILITY IN EFFECT: YES NO
TOTAL NUMBER OF EMPLOYEES: FULL TIME: _____ PART TIME: _____ TOTAL ANNUAL SALES: _____
ANY OWNED AUTO REGISTERED UNDER THE NAMED INSURED: YES NO
BUSINESS DESCRIPTION: _____
PRIOR INSURANCE COMPANY NAME: _____ POLICY EXPIRATION DATE: _____ CLAIM IN THE LAST 3 YEARS: YES NO

3 PREMISES INFORMATION

PREMISES ADDRESS: CHECK FOR SAME AS MAILING _____
INTEREST: TENANT OWNER PERCENTAGE OF AREA OCCUPIED: _____% ANY AREA SUBLEASED TO OTHERS: YES NO
OTHER OCCUPANCIES IN THE BUILDING: _____ ANY HABITATIONAL OCCUPANCY: YES NO
BUILDING YEAR BUILT: _____ TYPE OF CONSTRUCTION: JOISTED MASONRY MASONRY NON-COMBUSTIBLE NO. OF STORIES: _____
 BRICK VENEER FIRE RESISTED FRAME NON-COMBUSTIBLE
AREA OCCUPIED: _____ NUMBER OF BASEMENTS: _____ LESS THAN 1000 FEET FROM HYDRANT: YES NO INSIDE CITY LIMITS: YES NO
CENTRAL STATION ALARM SYSTEM: YES NO SPRINKLERS: YES NO OTHER PROTECTION: _____

4 COVERAGE REQUESTED

BUILDING: _____ CONTENTS: _____
BUILDING OPTIONS: BOILER COVERAGE EARTHQUAKE GLASS DEDUCTIBLE BUYBACK HOUSEHOLD PERSONAL PROPERTY TENANT'S FULL GLASS
GENERAL LIABILITY: 300,000/600,000 500,000/1,000,000 1,000,000/2,000,000 1,000,000/3,000,000 1,000,000/4,000,000
GENERAL LIABILITY OPTIONS: EMPLOYEE BENEFITS LIABILITY HIRED AUTO PHYSICAL DAMAGE NON-OWNED AND HIRED AUTO LIABILITY
 WAIVER OF SUBROGATION WORLDWIDE GENERAL LIABILITY
ADDITIONAL INTEREST: _____

COMPLETION OF THIS FORM DOES NOT OBLIGATE ALL CITY INSURANCE OR THE COMPANY TO OFFER A PREMIUM INDICATION OR BIND COVERAGE. ULTIMATE PREMIUM, COVERAGE TERMS AND CONDITIONS MAY ONLY BE DETERMINED AFTER REVIEW OF A FULLY COMPLETED APPLICATION.