

Affinity Commercial Services

Business & Workers Compensation Insurance Quote Request

Fax Completed Form To 800-567-4028 or Mail To: Affinity Commercial Services, 159 E. County Line Road, Hatboro, PA 19040

Your Name: _____	Date: ____/____/____
Company Name: _____	
Address: _____	City: _____
County: _____	State: _____ ZIP: _____
Phone Number: (____) _____	Fax Number: (____) _____
E-mail Address: _____	Date new coverage needs to be effective ____/____/____

Do you want a quote for: Business Insurance Workers Compensation Umbrella

Describe Your Business:

Legal Entity: Corporation LLC Partnership Individual

Please provide a complete description of your business:

Years in Business: _____ years Industry Experience: _____ years FEIN# _____

Annual Sales: \$ _____ Annual Payroll: \$ _____

Number of Employees: Full Time _____ Part Time _____ Leased _____

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? Yes No
If Yes, please tell us about them:

Current Insurance and Claims History:

Current insurance company: _____ Current Premium \$ _____

Have you had any claims submitted to your insurance carrier in the last three years? Yes No
If Yes, please describe any losses in the last three years. Including date of loss, \$ amount and details on separate page.

Property and Coverage Information:

Please tell us about each of your locations.
(Use as many pages as necessary.)

Location Number: _____ of _____

Location Address: Same as the company address... Yes No
If No, please enter the building address.
Street: _____
City: _____
County: _____ State: _____ ZIP: _____

Sq. ft. occupied by you: _____ sq. ft.

What year was the building built? _____
If older than 20 years, please enter the year any updates were made to the building:
Rewired _____ Reroofed _____
Replumbed _____ Heater replaced _____

Is your building 100% Sprinklered? Yes No
For this building, are you The Owner? A Tenant?

How many stories? _____
Approx. total building sq. ft: _____

Are there other businesses in same building? Yes No
If Yes, please provide a complete description of the other businesses.

Please check the type of building construction
(check only one):

Frame Joisted Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistive

What type of burglar alarm does the building have?
 None Local Alarm Central Station
 Inside Enclosed Mall Security Patrol

Coverage Requested:

<p>Building Limit(if owner): \$ _____</p> <p>Contents Limit: \$ _____</p> <p>Deductible: Please choose one: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other:</p>	<p>General Liability Limit: Please choose one: <input type="checkbox"/> \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> Greater than \$2M</p> <p>Signature _____</p>
--	---