

Commercial Insurance Quote Sheet

Business Name: _____ Entity Type: _____

Address: _____

Contact: _____

Phone _____ - _____ Cell: _____ - _____ - _____ Fax: _____ - _____

E-mail: _____ FEIN: _____

Type of Business: _____

Mailing Address: _____

Gross Annual Receipts: _____ Employees/Payroll: _____

Years Experience: _____ Years In Business: _____ Current Coverage: _____

Coverage Requested: _____

Loss History and Claims: _____

Vehicle: _____

VIN: _____ How is it Titled: _____

Driver: _____ D.O. B. _____

D.L. #: _____ Type: _____

Tickets? Accidents? _____ Coverage: _____

Notes: _____

PLEASE FILL OUT AND FAX OR E-MAIL US FOR AN AFFORDABLE QUOTE!

OFFICE: 702-836-9020 / FAX: 702-926-9555

E:MAIL: lenny@affordableinsurancenv.com

*Please Note: Coverage cannot be bound via the telephone, e-mail or fax system. You must speak with an agent to bind coverage and receive confirmation.

Additional Information: