



## QUICK QUOTE INSURANCE WORK SHEET

Workers Compensation : Property : General Liability

### General Liability and Property

1. Business Name: \_\_\_\_\_
2. FEIN (Tax ID #): \_\_\_\_\_
3. Type (LLC, S-Corp, Sole Prop., etc.): \_\_\_\_\_
4. Year business started: \_\_\_\_\_
5. Building year built: \_\_\_\_\_
6. Business Address: \_\_\_\_\_
7. Mailing Address: \_\_\_\_\_
8. Sq/ft of building: \_\_\_\_\_
9. Business Personal Property Amount: \_\_\_\_\_
10. Any equipment exceeding \$250,000 in value, please list with specific value of each: \_\_\_\_\_
11. Do you rent or own the building: \_\_\_\_\_  
If leasing, how much in renovations has been spent for the interior: \_\_\_\_\_

### Worker's Compensation

1. Number of employees: \_\_\_\_\_
2. Gross sales: \_\_\_\_\_
3. Payroll: \_\_\_\_\_
4. Current coverage: \_\_\_\_\_

*This information is for a premium indication only. A fully completed submission, including an application, is required for a coverage determination.*

Please return this completed form to:

**Micaela Miles**

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Fax: (248) 681-0362

