



**DRISCOLL**  
Business Owner's Package  
Quick Quote

Send Completed Quote Form to:  
(562) 252-8711 or [quotes@driscollinsured.com](mailto:quotes@driscollinsured.com)  
or online at [driscollinsured.com/business](http://driscollinsured.com/business)

Please Quote:    Liability    Property    Worker's Compensation    Business Auto

**Information about your business**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Coverage/Quote Needed by:

\_\_\_\_\_

Please describe business operations in detail: \_\_\_\_\_  
\_\_\_\_\_

Entity Type:  Corp    LLC    Partnership    Individual   Years in business: \_\_\_\_\_ Industry Years Experience: \_\_\_\_\_

**Liability**

**Liability Limit:**  \$1M    \$2M    \$\_\_\_\_M   **Number of Employees:** Full time \_\_\_\_ Part time \_\_\_\_ Leased \_\_\_\_

**Annual Sales:** \$ \_\_\_\_\_ **Annual Payroll:** \$ \_\_\_\_\_ (do not include owners or corporate officers pay)

Describe any general liability losses in the last 5 years (year, description, amount paid)  
\_\_\_\_\_  
\_\_\_\_\_

**Property Info**

**Building Replacement Limit** (if owner) \$ \_\_\_\_\_ **Tenant improvements value** (non-owner) \$ \_\_\_\_\_

**Business property replacement limit** (furniture, computers, equipment, inventory, etc) \$ \_\_\_\_\_

**Loss of Income Limit:** \$ \_\_\_\_\_ **Deductible:**  \$500    \$1000    \$ \_\_\_\_\_

**Year built:** \_\_\_\_\_ **Sq. Ft. occupied:** \_\_\_\_\_ **Number of stories:** \_\_\_\_\_ **Total bldg. Sq. Ft.:** \_\_\_\_\_

**Construction type:** \_\_\_\_\_

**Roof Type:** \_\_\_\_\_ **Heating Type:** \_\_\_\_\_

**Wiring Type:** \_\_\_\_\_ **Plumbing Type:** \_\_\_\_\_

If **building is over 20 years old**, please list update year or none: Wiring: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heat/AC: \_\_\_\_\_

Is your building **sprinklered?**  yes    no   If yes, \_\_\_\_\_% of building

**Fire alarm:**  none    local    monitored   **Burglar alarm:**  none    local    monitored

Are there other businesses in the same building?  yes    no

If yes, please indicate type:   Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_

Describe any property losses in the last 5 years (year, description, amount paid)  
\_\_\_\_\_  
\_\_\_\_\_

## Workers Compensation

FEIN# \_\_\_\_\_

Owners / Officers Excluded?  yes  no

Employee Payroll	Class Code or Description	Payroll	# FT Employees	# PT Employees

Experience Mod: \_\_\_\_\_ Current Carrier: \_\_\_\_\_

Describe any claims in the last 5 years (year, description, amount paid) or attach Loss History

## Business Auto

Do you rent cars for business use?  yes  no    Do employees use their own vehicles for business use?  yes  no

Describe any auto losses in the last 5 years (year, description, amount paid)

Vehicles	VIN# or Year, Make, Model	Usage Radius	Comp & Collision	Current Value	Garaging Zip
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Drivers	Name	D.O.B.	DL# or # Moving Violations / # Accidents

## Insurance Information

Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Premium: \_\_\_\_\_

## How Should We Contact You?

Phone  Fax  E-Mail  How did you hear about us? \_\_\_\_\_

I am also interested in:  Employment Practices Liability  Cyber Liability  Personal Insurance

