

# Diamond Insurance Agency

100 W. Hosack, Ste. 103  
Boerne, TX, 78006

Phone: (830)249-7475 Fax: (830)249-8544

## Commercial Insurance Quote Sheet

Quote Date: \_\_\_\_\_

### Applicant's Information:

Home Tel#: \_\_\_\_\_

Work Tel#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Fax #: \_\_\_\_\_

DBA: \_\_\_\_\_

Corp (if any): \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years in Business/ Experience: \_\_\_\_\_ Any Special License/Training: \_\_\_\_\_

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

Any Loss/Claims: \_\_\_\_\_

Type of Insurance Needed: \_\_\_\_\_

### Property Information:

Year Constructed: \_\_\_\_\_ Owned/Leased: \_\_\_\_\_ Structure: \_\_\_\_\_ Area: \_\_\_\_\_

UPDATES: Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Est. Annual Payroll: \_\_\_\_\_ Est. Annual Receipts: \_\_\_\_\_

### Coverage Required:

Building: \_\_\_\_\_ Contents: \_\_\_\_\_ Loss of Earnings: \_\_\_\_\_

Sign: \_\_\_\_\_ Glass: \_\_\_\_\_ Pump/Canopy: \_\_\_\_\_

Workers Compensation needed (Limits): \_\_\_\_\_

No. of Additional Insured: \_\_\_\_\_ Waivers of Subrogation: \_\_\_\_\_

### Commercial General Liability:

### Premium:

General Aggregate: \_\_\_\_\_

Policy Term: \_\_\_\_\_

Product Aggregate: \_\_\_\_\_

**Premium:** \_\_\_\_\_

Personal & Adv. Injury: \_\_\_\_\_

Policy Fee + Taxes: \_\_\_\_\_

Each Occurrence: \_\_\_\_\_

Agency Fee: \_\_\_\_\_

Fire Damage: \_\_\_\_\_

**TERM TOTAL:** \_\_\_\_\_

Medical Expense: \_\_\_\_\_

### Notes:

Down Payment: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

No. of Payments \_\_\_\_\_