

work comp@pipeline in surance.com

COMMERCIAL BUSINESS QUOTATION WORKSHEET

Thank you for allowing me the opportunity to quote your Business General Liability and Worker's Compensation Policies. Please complete the following questionnaire and email workcomp@pipelineinsurance.com. For your convenience we have flexible payment plans available.

EEDI/GON									
FEIN/SSN:	P	hone:	il:						
Business Name:		Check O	ne: Individual	Corporation	LLC	Partn	ership	Joint Venture	
Business Typ	be Description:								
Web Site:	-	Yrs Experien	ice:	Year Establis	hed:				
How long at this Location:		Year built:		Do you Own				Lease	
Sq. ft. Bldg:	Sq. ft. of	Office: Sto	ries	Bldg. Constru	iction	N	Masonr	y Frame	
Year Updated:	Roof:	Electrical:	Plumb	oing:	Н	VAC:			
Is there an al	arm system? OY/	N Smoke Detector	rs: Y/N	Fire sprinklers	? C) Y/N	\bigcirc		
Contractor Class Code	Yes NO Cate	If yes co egory- Job Description	ontractor License n	number:		FT	PT	Annual Payroll	
Annual Gross	Sales: Bu	usiness Personal Prope	erty:	Tennent Import Building			Buildo	ut	
Deductible? (1	Please circle) \$1,00	\$2,500 \$5,	000 Other						
General Liabi	lity Coverage? (Plea	ase circle) \$1 Mil 🔘	\$2 Mil 🔘 \$3	Mil Othe	er			_	
Please Fax a c	opy of your Dec. Pa	nge and minimum 3 y	ears of loss rur	is to see if we	could	save y	ou ado	litional Money!!	
	Carrier Name]	Policy Number				Eff Ev	p Date	
Cramont							EII-EX	.p Date	
Current Last Year							EII-EX	p Date	
Current Last Year Year before that							EII-EX	p Date	