



Commercial Property & Casualty Quick Quote Form

➤ For Quotation Purposes Only – Acord applications and/or supplementals will be required if bound.
 ➤ Please review the quotation(s) for required items.

Submitting Agency _____ Agency Contact Name _____

Named Insured (including any DBA): _____ Owner Tenant

Mailing Address: _____

Location Address: (same as Mailing) _____

Entity: Individual Corporation Partnership Joint Venture Non-Profit Organization Other: _____

Description of operations (Please be as descriptive as possible to ensure an accurate and competitive quotation):

Number of years in this type of business: _____ Number of years of experience: _____

Has any carrier declined, cancelled, or non-renewed coverage during the prior three years? YES NO If yes, provide detailed explanation

Expiring Carrier: _____ Expiration Date: _____ NEW VENTURE

LOSS HISTORY (previous five years) None See attached loss runs Describe in detail all losses over the previous five (5) years:

Date of Occurrence	Description	Open/Closed	Amount of Loss
		<input type="checkbox"/> Open <input type="checkbox"/> Closed	
		<input type="checkbox"/> Open <input type="checkbox"/> Closed	
		<input type="checkbox"/> Open <input type="checkbox"/> Closed	

Cooking Exposure? Yes No *If YES, all cooking must be under a UL approved automatic fire suppression system with automatic shut-off control, currently tagged, under semi-annual cleaning contract with a professional firm, and any fryers are more than 16 inches away from an open flame or have a metal baffle between them.

PROPERTY Owned Leased

Limits **Co-Ins** **Valuation**

Building \$ _____ % ACV RCV

Contents/BPP \$ _____ % ACV RCV

Monthly Limitation:

Business Income \$ _____ 3 6 9 12

Pumps \$ _____ % ACV RCV

Canopy \$ _____ % ACV RCV

Sign \$ _____ % ACV RCV

Other _____ \$ _____ % ACV RCV

LIABILITY

General Aggregate 300K 500K 600K 1M 2M

Prod & Comp/Ops Agg 300K 500K 600K 1M 2M

Personal & Adv Injury 300K 500K 600K 1M 2M

Occurrence Limit 300K 500K 600K 1M 2M

Fire Legal 300K 500K 600K 1M 2M

Medical Expense 1,000 5,000

Deductibles (BI/PD) 0 250 500 1,000 2,500

Coverage Form Basic Form Broad Form Special Form

Including Theft (Is there a Central Station Alarm Yes No)

Employee Payroll \$ _____ # of Employees _____

of Owners _____ (include Officers, Partners, etc.)

Building Information **Construction Type**

Year Built _____ ISO 6 – Fire Restrictive

Total Sq Ft _____ ISO 5 – Modified Fire Resistive

of Stories 1 2 3 ISO 4 – Masonry Non-Combustible

% Occupied _____ % ISO 3 – Non-Combustible

Sprinkler System Yes No ISO 2 – Joisted Masonry

ISO 1 – Frame/Brick Veneer

Gross Annual Receipts (Breakdown between operations):

Operation	Rating Basis Used (sales, gallons, payroll)	Exposure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Building Updates (Required if over 20 years old)

Roof _____ Wiring _____

Plumbing _____ Heating _____

Additional Information or Remarks: _____

*Additional Insured(s) & Waiver of Subrogation require Name, Address, and Relationship to above applicant. Place in remarks section or attach additional sheet.

Send all submissions to: submissions@vintageunderwriters.com

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