

# Mitchell & Mitchell Insurance

## Office Package Quote Request

Your Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Date new coverage  
 needs to be effective  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Do you want a quote for:**  Business Insurance

**Describe Your Business:**

Legal Entity:  Corporation  LLC  Partnership  Individual

Please provide a complete description of your business:  
 \_\_\_\_\_  
 \_\_\_\_\_

Years in Business: \_\_\_\_\_ years Industry Experience: \_\_\_\_\_ years FEIN# \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Leased \_\_\_\_\_

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? .....  Yes  No  
 If Yes, please tell us about them:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current Insurance and Claims History:**

Current insurance company: \_\_\_\_\_ Current Premium \$ \_\_\_\_\_

Have you had any claims submitted to your insurance carrier in the last three years? .....  Yes  No  
*If Yes, please describe any losses in the last three years. Including date of loss, \$ amount and details on separate page.*

**Property and Coverage Information:**

Please tell us about each of your locations.  
*(Use as many pages as necessary.)*

Location Number: \_\_\_\_\_ of \_\_\_\_\_

Location Address: Same as the company address...  Yes  No  
 If No, please enter the building address.  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Sq. ft. occupied by you: \_\_\_\_\_ sq. ft.

What year was the building built? \_\_\_\_\_  
 If older than 20 years, please enter the year any updates were made to the building:  
 Rewired \_\_\_\_\_ Reroofed \_\_\_\_\_  
 Replumbed \_\_\_\_\_ Heater replaced \_\_\_\_\_

Is your building 100% Sprinklered? .....  Yes  No  
 For this building, are you .....  The Owner?  A Tenant?

How many stories? \_\_\_\_\_  
 Approx. total building sq. ft: \_\_\_\_\_  
 Are there other businesses in same building? .....  Yes  No  
*If Yes, please provide a complete description of the other businesses.*  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check the type of building construction  
*(check only one):*  
 Frame  Joisted Masonry  Non-Combustible  
 Masonry Non-Combustible  Fire Resistive

What type of burglar alarm does the building have?  
 None  Local Alarm  Central Station  
 Inside Enclosed Mall  Security Patrol

**Coverage Requested:**

**Contents Limit:** \$ \_\_\_\_\_  
*(Total Value to replace office as new)*

**Deductible:**  
 \$500  \$1,000  Other: \_\_\_\_\_

**General Liability Limit:**  
 Please choose one:  
 \$1M  \$2M  Greater than \$2M

Signature \_\_\_\_\_

**When completed, please fax this back to Mitchell & Mitchell at (415) 883-7752.  
 Please be sure to fill out the form completely to ensure a timely quote. Lic #0620650**