

EZ Insurance Solutions

Commercial Property and Casualty Quote Request

To complete and submit this no obligation quote request form:

- 1) Print and complete the quote request form
- 2) Mail or Fax the completed quote request form to:

Via mail:

EZ Insurance Solutions Plan Administrator
Small Commercial
1100 Virginia Drive
Fort Washington, PA 19034-3278

or

Via fax:

Fax: 1-800-567-4028

Once we receive your completed form, your request will be processed within 5-7 business days.

If you have any questions please call one of our account consultants at 1-866-225-8464, Monday – Friday between 8:30 a.m. and 5:00 p.m. Eastern Standard Time.

EZ Insurance Solutions
Commercial Property and Casualty Quote Request
Fax Completed Form to 800-567-4028

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 Owners

Workers Compensation

Commercial Liability Umbrella

Describe Your Business:

Legal Entity: Corporation LLC Partnership Individual

Please provide a complete description of your business:

CPA Firm (SIC-8721) _____

Years in Business: _____ years Industry Experience: _____ years FEIN# _____

Annual Sales: \$ _____ Annual Payroll: \$ _____

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 in the last three years? Yes No

*If Yes, please describe any losses in the last three years.
Including date of loss, dollar amount and details on separate page.*

Property and Coverage Information:

Do you have more than one location? Yes No

Please tell us about your main location.

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 _____ Roof Repaired or Replaced _____

Plumbing Replaced _____ Heater Replaced _____

Is 100% of your building protected with a sprinkler system? 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

Non-Combustible

Joisted Masonry

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:

Building Limit(if owner): \$ _____

Contents Limit: \$ _____

Deductible: Please choose one: \$500 \$1,000 Other: _____

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

Signature _____

CA LIC# 0795465

**When completed, fax to 800-567-4028. A representative will call when your quote(s) are ready.
Contact us toll-free at 866-225-8464 with questions.**