

# COMPLETE INSURANCE BROKERAGE, LLC

FOR AN IMMEDIATE QUOTATION  
COMPLETE AND FAX, EMAIL, OR DROP OFF

Date \_\_\_\_\_

**Equipment:**

Year	Make	Model	Value	Deductible (Min. \$250)	Serial Number

Storage Practices: \_\_\_\_\_

Employee Tools Value(if any): \_\_\_\_\_

Owned and Borrowed Limit: \_\_\_\_\_

Unscheduled Tools (Total Value): \_\_\_\_\_

Rental Expense Reimbursement:  Yes  No

Rented/Leased Contractors Tools & Equipment Value: \$ \_\_\_\_\_

**\*For a more accurate quote attach a copy of the declaration page of your current policy.**