

# COMPLETE INSURANCE BROKERAGE, LLC

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

Date \_\_\_\_\_

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_ EIN \_\_\_\_\_

Date Business Started \_\_\_\_\_ # of Employees \_\_\_\_\_

Business Type:   Sole Proprietor   Corporation   Partnership   S-Corporation

Insurance Needed:    \_GL    \_Auto    \_Equipment    \_Umbrella    \_Property    \_Work Comp

Description of Business \_\_\_\_\_

Current Policy Expiration Date \_\_\_\_\_

Current Annual Premium \_\_\_\_\_

## WORKERS COMPENSATION

Limits Requested:    \_\$100/\$500/\$100    \_\$500/\$500/\$500    \_\$1mln/\$1mln/\$1mln

Number of Employees \_\_\_\_\_

Are Sub-contractors used \_\_\_\_\_

## Employee Information:

Job Description	#of Employees	# of full time Employees	# of part time Employees	Total payroll

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Payroll for Sub-Contractors \_\_\_\_\_

Excluded Officers/Owners:

Name	DOB	Duties	Title	Ownership %	Payroll

**GENERAL LIABILITY**

Limits:  \$300K/\$400K       \$500K/\$1mln       \$1mln/\$2mln

Total Direct Payroll: \$ \_\_\_\_\_

Gross Receipts: \$ \_\_\_\_\_

**FOR CONTRACTORS**

Are sub-contractors used? \_\_\_\_\_

Total sub-contracted work cost: \_\_\_\_\_

% Commercial Work: \_\_\_\_\_ % Residential Work: \_\_\_\_\_ % Work Sub-Contracted \_\_\_\_\_

Type of work Sub-Contracted: \_\_\_\_\_

Are certificates required on Sub-Contractors?: \_\_\_\_\_

**UMBRELLA**

YES     NO      AMOUNT REQUESTED \_\_\_\_\_

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