



**SEINS AGENCY LLC**

성은 종합 보험

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## Quotation Request – Business Owners Insurance

Attention:	Fax:
Date:	Prepared By:

Please review and quote the following case based on the information provided below.

### Applicant Information

Legal Name			
Mailing Address			
Phone Number	(W)	(H)	(C)
Contact Name	I Tax ID:		

Email address:

### Business Information

Business Location if Different			
Nature of Business			
Total Area	Sq. Ft.		
Business Experience at the location		Annual Receipt	\$

### Building Information

Frame	Joist Masonry	Masonry	Noncombustible	Fire Resistive
Number of stories	Year Built			
Square footage	Ground Fl:	Sq. Ft.	Total:	Sq. Ft.
Occupants by the floor				
Neighboring exposure	Left:			
	Right:			
Fire alarm	YES		NO	
Burglar alarm	YES	NO	Central	Local
Owner occup	YES		NO	
Sprinkler	YES	NO	If yes,	%

### Desired Coverage Limits

Building	\$	Contents	\$		
Property Coverage Form (Please circle)	Special		Broad	Basic	
Business Liability (Please circle)	\$500,000		\$1,000,000		
Glass	Liner feet				
Other Coverage					
Deductible (Please circle)	\$250	\$500	\$1,000	\$2,500	\$5,000

### Prior Carrier and Loss History

Prior Carrier Policy #	
Loss History	

### REMARKS:

Landlord Name & address	
Mortgage bank	