

# Warner Insurance

6501 Paradise Blvd Nw Ste. H  
Albuquerque, NM 87114

Phone: (505)899-7000 Fax: (505)899-7014

## Commercial Insurance Quote Sheet

Quote Date: 4/21/2013

### Applicant's Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel#: \_\_\_\_\_  
Work Tel#: \_\_\_\_\_  
Cell Phone#: \_\_\_\_\_  
Fax #: \_\_\_\_\_

DBA: \_\_\_\_\_ Corp (if any): \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years in Business/ Experience: \_\_\_\_\_ Any Special License/Training: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Expiration Date: 4/28/2013

Any Loss/Claims: \_\_\_\_\_

Type of Insurance Needed: \_\_\_\_\_

### Property Information:

Year Constructed: \_\_\_\_\_ Owned/Leased: \_\_\_\_\_ Structure: \_\_\_\_\_ Area: \_\_\_\_\_

UPDATES: Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Est. Annual Payroll: \_\_\_\_\_ Est. Annual Receipts: \_\_\_\_\_

### Coverage Required:

Building: \_\_\_\_\_ Contents: \_\_\_\_\_ Loss of Earnings: \_\_\_\_\_

Sign: \_\_\_\_\_ Glass: \_\_\_\_\_ Pump/Canopy: \_\_\_\_\_

Workers Compensation needed (Limits): \_\_\_\_\_

No. of Additional Insured: \_\_\_\_\_ Waivers of Subrogation: \_\_\_\_\_

### Commercial General Liability:

General Aggregate: \$1,000,000.00  
Product Aggregate: \$1,000,000.00  
Personal && Adv. Injury: \$1,000,000.00  
Each Occurrence: \$1,000,000.00  
Fire Damage: \$50,000.00  
Medical Expense: \$5,000.00

### Premium:

Policy Term: 12 Months  
**Premium:** \_\_\_\_\_  
Policy Fee + Taxes: \_\_\_\_\_  
Agency Fee: \_\_\_\_\_  
TERM TOTAL: \_\_\_\_\_  
Down Payment: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
No. of Payments: \_\_\_\_\_

### Notes:

\_\_\_\_\_