

PH: 800-654-4056

FX: 575-258-4413

www.stroudga.com

Stroud National Agency, Inc.

Commercial Lines

Quote Request



Date: _____ Proposed Effective Date: _____

Agency/Agent Info

Name: _____ Agent Code: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

Applicant Info

Name: _____

Mailing Address: _____

City, State, Zip: _____

County: _____ Phone: _____

Type of Risk: _____

Federal ID: _____

Legal Entity: Association Corporation Individual Ltd. Liability Corp (LLC)

Ltd. Liability Partnership (LLP) Partnership Ltd. Partnership (LP)

Joint Venture Trust or Estate Other: _____

Year business established or acquired: _____ Annual Receipts: _____

Number of Employees (full and part time): _____ Payroll: _____

Current Insurance Coverage YES NO Expiration Date: _____

LOSS HISTORY: _____

_____ Amount Paid _____

General Operations

Hours of operation:

No later than 10pm No later than Midnight No later than 2am Past 2am 24 Hours

Open a minimum of eight months a year: Yes No

Operations are subcontracted or subcontractors hired for service, maintenance or repair: Yes No

o If yes, Subcontractors required to provide proof of General Liability limits at least equal to the applicant's: Yes No

o Independent contractors and subcontractors required to provide proof of WC insurance: Yes No

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Property Coverage (All buildings must be insured to 100% replacement cost value)

Location Street Address: _____, City _____

State _____ Zip Code _____

Building Value: \$ _____ Total Square Footage: _____ Year Built: _____ BPP: _____

TEXAS MUST HAVE A LEAD FREE CERTIFICATION FOR ANY BUILDING BUILT PRIOR TO 1979

Type of Construction: _____ Number of stories: _____ Age of Roof: _____

Emergency lighting is installed and operational: ___ Yes ___ No

Exits are properly lit and equipped with panic hardware: ___ Yes ___ No

Percentage of building with sprinklers: ___ 100% ___ 80% to 99% ___ 80% ___ None

If "100%" or "80 to 90%", indicate sprinkler system type: Life Safety only Automatic Fire Protection/Extinguishing

If Automatic Fire Protection/Extinguishing system is selected, confirm the following:

This building has a fully functioning automatic fire protection or extinguishing sprinkler system covering 80-90%, or 100% of the building area : ___ Yes ___ No

Sprinkler system installed for present occupancy: ___ Yes ___ No

Fire Alarm: ___ Local ___ Monitored ___ None

Restaurants & Stores

Total annual sales: \$ _____

Sales dollars from: Food \$ _____ Alcoholic beverages \$ _____ Catering \$ _____

Street vending \$ _____ Banquet/Reception Services \$ _____ Sold by Internet/Mail order \$ _____

Used merchandise \$ _____ Own label \$ _____ Wholesale \$ _____ Rentals \$ _____

All hoods, ducts, grease filters, deep fryers and surface cooking equipment are protected by a UL listed automatic fire extinguishing system serviced every 6 months. ___ Yes ___ No

Automatic high temperature shut offs are on all deep fat fryers: ___ Yes ___ No

Ineligible operations, products, or services (there may be more based on state and type of coverages)

- Armed security guards.
- Alarms or security systems, system design, service or installation.
- Businesses open past 2 a.m.
- Freight forwarders.
- Karaoke production or equipment, music or machine design, sales, service or installation.
- Marijuana processing, handling or distribution.
- Manufacturing of products, including mixing, blending, repackaging, relabeling or direct importing.
- Med spa treatments such as injectables (e.g., Botox®, JUVÉDERM®), lasers, dermabrasion, chemical peels, hair transplants, etc. See Med spas in Office Pac.
- Operating, hiring, leasing, or owning aircraft or watercraft for business use.
- Software design – see Technology Office Pac

For all business, submit Acord forms PLEASE.