

INC INSURANCE SERVICES
ORDER FORM

Date: _____

From : _____

Tel : _____ Fax : _____

COMMERCIAL INSURANCE

Business Name: _____

Business Address: _____ Owner Name: _____
_____ SS#: _____

Business Description

Property Section

1. Type of Business: _____
2. Construction: _____
3. Number of Floors: _____
4. Year Built: _____
5. Year(s) in Business: _____
6. Buglar/Fire Alarm: _____
7. Sprinklers: _____
8. Area (Sq. Ft.): _____
9. Prior Loss: _____
10. Annual Sales: _____

1. Business Property: _____

General Liability Section

1. General Aggregate: \$2,000,000
2. Prod/Comp Operations Agg.: \$1,000,000
3. Each Occurrence: \$1,000,000
4. Fire Damage: \$50/ \$100/ \$250/ \$500 (thousand)
5. Medical Payment: \$5,000

RESTAURANT

1. Number of Tables: _____
2. Number of Seats: _____
3. Bar: _____
4. Liquor License (if Yes, type): _____
5. Number of Employees
*Full Time: _____
*Part Time: _____

6. Food Sales: _____
7. Liquor Sales: _____
8. Entertainment: _____
9. Delivery: _____
10. Number of
*Grills: _____ *Ovens: _____
*Deep Fryer: _____ *Microwave: _____

Current Carrier: _____ Premium: _____

Remarks, if any : _____
