



# JONES-DOOLEY INSURANCE BROKERS

## BUSINESS QUOTE REQUEST FORM

### Company Information

Owners' Names: \_\_\_\_\_

Operations \_\_\_\_\_

Number of Years in Business \_\_\_\_\_

Number of Years Experience in this type of Business: \_\_\_\_\_

Legal Entity: Individual / Partnership / Corporation: \_\_\_\_\_

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

City, Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Enter responses to questions below in response column	Response Column
<b>COVERED PROPERTY INFORMATION</b>	
Property Address:	
City, Postal Code:	
Do you Own or Lease the location: If Own, Type of Building and Date Purchased: (i.e. Office, Industrial, Apartment) List Number and Type of Occupants in Building:	
What business is to your left and right:	
Building Type: (see list below) <ul style="list-style-type: none"> <li>• Industrial Mall</li> <li>• Enclosed Mall</li> <li>• Retail Strip Plaza</li> <li>• Single Apt. Building</li> </ul>	