



First

TM

Avenue

Insurance

COMMERCIAL FORMAT QUOTE

DATE : _____

Customer Name _____ Tel.: _____

Co.Name: _____ Tel. _____

Address _____

E-mail: _____ Nature Of Business _____

Descrpcion/Detail Business _____

Years in Business/Experience _____ Individual Self-Employed

Corporation DBA _____ FEIN _____

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LIABILITY

Owners #: _____ Employees #: _____

Insurance Amount _____ Payroll Amount _____

Sales Amount _____ Retail _____ Wholesale _____

Additional Insurance _____

Previous Insurance _____

Claims History _____

Comments _____

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PROPERTY

Owner Tenant Sq.Feet _____ Year Built _____ # Story _____

Amount of Prop. Ins. (Building) _____ Burglar Alarm

Amount of Prop..Ins. (Contents) _____

Roof Type: Flat Gable Shingle Concrete Clay tile

Comments _____

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OTHER CONSIDERATION YOU THINK WE NEED TO KNOW

Send us this application with a copy of your current insurance policy and we
will come back to you with our best quote