#

# Business Quote Info

|  |
| --- |
| Business Insurance Quote: |

|  |  |
| --- | --- |
| Business Name |  |
| Sole Prop/Inc/LLC |  |
| FEIN / Social Security # |  |
| Owner / Officer / % owned |  |
| Owner / Officer / % owned |  |
| Date Business Started |  |
| Currently Insured / Carrier?  |  |
| Previous carrier?  |  |
| Losses past 5 years?  |  |
| Type of coverage desired? |  |
| Type of business? |  |
| Yearly Revenue? |  |
| Yearly Payroll?  |  |
| Number of employees?  |  |
| Workers Comp in force?  |  |
| **Location Data:** |  |
| Physical address? |  |
| Mailing address?  |  |
| Business land line?  |  |
| Cell numbers?  |  |
| Emails?  |  |
| Emails?  |  |
|  |  |
|  |  |

TnT Insurance Group Inc.

496 W Ketchum Ave P.O. Box 177 Ketchum, OK 74349

Office: 918-671-6505 TnTInsuranceGroupLLC.com

Tommy Pameticky, Principal / CEO