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# Business Quote Info

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| Business Insurance Quote: |

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| --- | --- |
| 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? |  |
|  |  |
|  |  |

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