

ENTERPRISE ACCOUNT REQUEST FOR QUOTE

NOTE: This is for quoting purposes only.

A complete Acord Application or Online Application will be required in order to bind coverage. Effective Date: Legal Business Name: FEIN #: Years in Business: Contact Name: Phone: _____ Email: ____ Mailing Address: Street Address: City: State: Zip: Website: Business Description: Current Carrier: Loss Runs Attached No Losses **Property Address:** Street Address: State: Zip: Construction: _____ # Stories: ____ Year Built: ____ Sprinklered: Yes Occupancy: Building Replacement Cost: Business Personal Property Limit: Deductible: Business Income Limit: ALS Monthly Limit Coinsurance: _____ **Inland Marine:** Installation Floater Equipment Computer: _____ Limit: _____ Limit: ____ Limit: _____ Deductible: Deductible: Deductible: **Crime Coverage:** Employee Theft: _____ Money: Inside Outside Limit: ____ Limit: _____ Deductible: Deductible: **General Liability:** Limits of Liability: \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 Estimated Rents: _____ Total Payroll: _____ Total Sales: Liquor Sales: Subcontractor's Cost: Additional Classes:



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Workers	' Compensa	tion:				
# Employees:			Annual Payroll Employees: \$			
Duties of	f Employees:					
Name of	Owner:			Perce	entage of Owners	ship: %
			Excluded Owners:			
Auto:						
	Liability Req	uested:			Hired & Nor	n-Owned Auto
Year	Make	Model	VIN#	Cost New	Deductibles: Compensation	
1				\$	\$	\$
1 2 3 4				\$	\$	\$
3				\$	\$	\$
4				\$	\$	\$
5				\$	\$	\$
Umbrell : Limit:	a:					
Optional	Quotes Nee	ded:				
Employee Benefits E			Employment Practices Liability (# Employees:)			
			Directors & Officers			
Flood E			Earthquake			
Additional Insureds E			ERISA (Plan Name & Assets:)			
Othe	r·					

For more information or assistance, and to submit this quote request, please contact:

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