



Please send completed form to Sam Hurley (shurley@sentinelra.com). NOTE: This information is for quoting purposes only. Additional information may be required.

Legal Business Name: \_\_\_\_\_ dba: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Mailing Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Address: \_\_\_\_\_

Business Description:

Current Carrier: \_\_\_\_\_

Have there been any losses within the last 3 years?  Yes  No

If yes, date of loss: \_\_\_\_\_ and date of loss payment: \_\_\_\_\_

**Property Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Construction Type: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Year Built: \_\_\_\_\_ Occupancy: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Building Value: \_\_\_\_\_ Content Value: \_\_\_\_\_

Name and Address of Mortgagee: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and Address of Landlord if Leasing\*: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Please submit a copy of the lease agreement

Do you have refrigerated medicines and/or vaccines over \$50,000 in value?  Yes  No

If yes, provide value: \_\_\_\_\_

Sprinklered:  Yes  No Do you need flood coverage?  Yes  No

If the building is more than 25 years old, have there been any updates to the roof/plumbing/HVAC/electrical in the last 10 Years?



**Inland Marine:**

Do you have any one piece of equipment valued over \$250,000?  Yes  No

Do you have any one fine art piece valued over \$5,000?  Yes  No

Description/Value:

**ERISA:**

Name of Plan/Plan Assets/Number of Trustees:

**Cyber:**

Most Recent Fiscal Year-End Revenues: \_\_\_\_\_

Current Fiscal Year Projected Revenues: \_\_\_\_\_

Employee Count: \_\_\_\_\_

Web Address: \_\_\_\_\_

**General Liability:**

Limits of Liability:  \$1,000,000/\$3,000,000  \$2,000,000/\$4,000,000  Other: \_\_\_\_\_

Estimated Annual Receipts for Current Year: \_\_\_\_\_

**Workers' Compensation:**

Estimated Payroll: \_\_\_\_\_ FEIN #: \_\_\_\_\_

# Of Employees Part-Time/Full-Time: \_\_\_\_\_

Name of Officer/Owner/Member: \_\_\_\_\_  Excluded  Included



**Auto:**

List of Drivers:

Name	License	Date of Birth

List of Vehicles:

Year	Make	Model	VIN #	Cost New	Ded. Comp	Ded. Collision

**Optional Quotes Needed:**

Commercial Lines

- Directors & Officers
- Employment Practices Liability (# Of Employees: \_\_\_\_\_ )
- Fiduciary Liability
- Cyber Liability
- Regulatory
- Employee Benefits

Personal Lines

- High-Value Home
- Automobile
- Valuables
- Specialty Vehicles
- Watercraft
- Umbrella Liability