



Please send completed form to Gillian Moore (gmoore@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

