

New Quote Questionnaire

Business Name: _____ FEIN: _____

DBA Name: _____

Business Address: _____

Contact Person: _____ E-Mail: _____

Phone: _____ Home Based Business: _____ Yes _____ No

Year Business Started: _____ Proposed Effective Date: _____

Brief Description of Operations: _____

Do you operate any other business under this name? _____ Yes _____ No

Gross Revenue: _____ Employee Payroll: _____

Total Number of Employees: _____ Full Time: _____ Part Time: _____

Do your sub-contract any services: _____ Yes _____ No

If yes, % of gross revenue subcontracted: _____

Year Building Built: _____ Square Footage Occupied: _____

Replacement Value of Office Contents: _____

Do you have company owned vehicles? _____ Yes _____ No

If yes, would you like an auto quote? _____ Yes _____ No

If yes, please provide year, make, model and VIN of the vehicles:

Would you like a Workers Compensation Quote: _____ Yes _____ No

Please return to info@smainsurancegroup.com or fax to 888-625-3501