

**BFA WHOLESALE INSURANCE**

40 Commerce Plc, Suite 100, Hicksville, NY 11801

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**www.BFAOFNY.COM Email: NEWQUOTE@BFAOFNY.COM**

**QUICK QUOTE SHEET: For Businesses/Buildings**

**Agency:** Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

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

Agency contact Name \_\_\_\_\_ Email: \_\_\_\_\_

**Insured's** Name: \_\_\_\_\_ Mailing addr: \_\_\_\_\_

Location address: Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of business/What is being insured?: \_\_\_\_\_

Coverage start date: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Contents/Bus. Personal prop. Limit:\$ \_\_\_\_\_ Deductible:\$ \_\_\_\_\_

Dwelling/Building Limit:\$ \_\_\_\_\_ Deductible:\$ \_\_\_\_\_

Liability Limits:\$ \_\_\_\_\_

Claims: \_\_\_\_\_

Year Building Built: \_\_\_\_\_ Square Footage of whole building: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Alarms/credits/sprinklers: \_\_\_\_\_ Square footage of clients business: \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_ Payroll:\$ \_\_\_\_\_ Number of employees: \_\_\_\_\_

Notes: