

COMMERCIAL PROPERTY QUOTE REQUEST



Angus-Miller
Commercial Package

Broker Name and Code:		Broker contact:	
Operations (indicate if operations are different at each location):			
Named Insured (including O/A if applicable):			
Mailing Address (including postal code):		Effective Date:	
Presently insured with any member company of Federation? <input type="checkbox"/> No <input type="checkbox"/> Yes		Previously cancelled, declined or non-renewed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why ?	

Property, Liability, Crime 3-Year Loss History

Location #	Date of Loss	Type of Loss	Paid and Outstanding	Description

LOCATION NO. _____

PROPERTY

Risk Address (if different from Mailing Address):				
Qualifying Criteria	Question:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Question:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Question:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Question:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction:		Territory:		
<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Frame		<input type="checkbox"/> Protected <input type="checkbox"/> Semi-protected <input type="checkbox"/> Unprotected		
Year Built:	Burglar Alarm:		Sprinklered: %	
	<input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Monitored			

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PROPERTY cont'd...

Limits Required	Building _____	<input type="checkbox"/> Property of every description <input type="checkbox"/> Contents of every description	Contractors Equipment Floater	Limit _____	Deductible _____
	Equipment _____			Fine Arts Floater	_____
	Stock _____	<input type="checkbox"/> Flood	Miscellaneous Property Floater	_____	_____
		<input type="checkbox"/> Earthquake			

BUSINESS INTERRUPTION (not available if Property not selected)

ALS: Gross Receipts: _____

CRIME

Form A Limit: _____ (max. \$25,000)
 BFM&S Limit: _____ (max. \$10,000)
 If \$5,000 or above, advise class of safe: _____

LIABILITY (cannot exceed \$10,000,000 including Commercial Umbrella)

Annual Gross Receipts: _____ Realty (square feet): _____
 # of Units (if ppty owners, apt. or residential condo): _____ Payroll: _____
 Limits: _____ Tenants Legal Liability (if over \$250,000): _____
 Non Owned Auto? Yes No

DEDUCTIBLES

Property: _____ Crime: _____ Liability _____

COMMERCIAL UMBRELLA (only available if CGL with Federation Insurance Company)

Umbrella Limit: _____
 Underlying Commercial Auto Limit: _____

Broker Signature: _____	Date completed: _____
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