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Small Business Quote Request

Tell Us About \	our Company							
Business Name:				Entity Typ	oe: 🗌 DI	BA 🗌 Corp.	LLC	
FEIN / SS#:		Year started:		Website:				
Physical Address:				•				
City: State:		Zip:	Zip:		County:			
Owner Name/Title:		Years of Experience:						
Contact Name/Title:				Phone #:				
Email Address:				Best Time to Call:				
Annual Sales Revenue:	What % is from online sales?: %							
Number of Employees (Excluding Owners):				Annual Payroll (Excluding Owners): \$				
Business Description:			•					
Tell Us About \	our Current Ins	urance (Complete	e only if you l	have not attach	ned your cu	urrent declarati	ons page)	
Requested Coverage Limits: General Liability: \$			Building: \$		С	ontents: \$		
Computer Equipment: \$		Business Auto	o WorkComp		☐ Umbrella			
	[Professional Liabili	ty 🔲 WO	OS		Other		
Current Insurance Company:			Policy Expiration Date:					
Provide details on any losses/claims in prior 5 years:								
Tell Us About \	our Building (Complete only if requ	ıesting buildi	ing or contents	coverage)			
Number of years in business at this location:			Occupa	ancy: 🗌 Ov	vner	☐ Tenant		
Construction: Brick Veneer Brick		Brick	☐ Frame ☐ M		etal	☐ Other		
Roof:	Comp [Metal	☐ Flat	☐ Me	embrane	☐ Other		
Year Built:	Estimated Year Upd	ated: Roof:	_ Electrical:	Plu	ımbing:	HVAC		
Number of Stories: Total Building Square Footage			tage:	Percentage you occupy: %				
List other occupants if	you are not the sole	occupant of building	:					
Protective Safeguards: Central Station Burglar Alarm Central Station Fire Alarm Other								
Is your building within 1,000 ft. of a fire hydrant?								
Name of Responding Fire Department:				Is Fire Department within 5 miles?				



"To get the most accurate comparison, please attach your current policy declaration pages."



You can either email this form to jboyd@karberboyd.net, or FAX it to 936-634-2404, or just give us a call at 936-634-2405.