

REQUEST FOR QUOTE

Business Owners' and Worker's Comp Coverage

For a no-obligation rate quote, mail a copy of your current insurance declarations page for Business Owners' Coverage and Worker's Comp. Fill out this form and mail to:

P.O. Box 9118, Des Moines, IA 50306-9118.

For faster service call 1-515-313-4502 or
fax to 1-515-313-4472.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____



Business address: _____
Street City State Zip

Business Name: _____

Business Type: Individual Corporation Partnership Other

No. of years in business at this location: _____

Telephone: (_____) _____ **Fax:** (_____) _____

E-mail: _____ **Gross Annual Receipts:** \$ _____

Your e-mail address will never be shared or sold. It will be used to send you important notices.

Building Construction: Frame Brick Concrete Other _____

Sprinklers: Yes No **Fire/theft alarm:** Yes No **If yes, what kind?** _____

Square Feet of your practice: _____

Value of Contents (computers, furniture, tables, desks, artwork, etc.): \$ _____

Year building was built: _____ **No. of Stories:** _____

Are you the owner of the building? Yes No **If yes, Value of Building:** \$ _____

Have you filed a claim in the last 5 years? Yes No

Choose a Deductible: \$500 \$1,000 Other \$ _____

Choose a Liability Coverage Amount: \$1,000,000 per claim/\$2,000,000 per year

\$500,000 per claim/\$1,000,000 per year Other \$ _____

Do you have Business Owners' Coverage now? Yes No **Renewal date** ____/____/____
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For a Worker's Comp quote, please provide this information:

No. of Full Time Employees: _____ **No. of Part Time Employees** _____

Total Annual Payroll: \$ _____ **Employer Federal I.D. No:** _____

Please contact me about Homeowners Insurance Auto Insurance Umbrella Insurance