

Commercial Lines Quote Request Form

Email to commercial@asbagent.com with completed Acord applications.

Named Insured: _____

Contact Name: _____

Address: _____

Phone Number: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

FEIN #: _____

Legal Entity Type: _____

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Annual Sales: _____

of Active Owners/Partners: _____

Business Description:

of FT/PT Employees: _____

Lines of Business Needed:

Year Established: _____

Any Losses? (if yes please describe):

Is this account being non-renewed? If yes, why?

Any Lapse in coverage? (if yes please describe):

Website Address:

5 Year Loss Runs Required

Carriers already approached:

Current Carrier: _____

Target Premium: _____

Quote Need by Date: _____

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Agency Name: _____

Producer Name: _____

Phone Number: _____

Email Address: _____