agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Commercial Lines Quote Request Form

Date Submitted: _____

General Information:

Named Insured: _____

Mailing Address: _____

Contact Name: _____

Email: _____ Phone #: _____

Legal Entity Type: _____ FEIN #: _____

Company Information:

Annual Sales: _____ Business Description: _____

Year Established: _____ # of Active Owners/Partners: _____ # of FT/PT Employees: _____

Website Address: _____

Claims History:

Any Losses? ☐ Yes ☐ No ** **5 Year Loss Runs Required** **

If yes, describe: _____

Quote Information:

Lines of Business Needed: _____

Is this account being non-renewed? (If yes, why?): _____

Any Lapse in Coverage? (If yes, please describe): _____

Current Carrier: _____ Target Premium: _____ Quote Need by Date: _____

Carriers already approached: _____

Agency Information:

Producer Name: _____ Agency Name: _____

Phone Number: _____ Email Address: _____

To Request a Quote, submit the Completed Form, Loss Runs **and** Acord Applications to: commercial@asbagent.com

We will check our available markets to determine eligibility. The receipt of this application does not constitute an obligation or commitment to provide coverage.