



**Abram Interstate Insurance Services, Inc.**  
 2211 Plaza Drive, Suite 100, Rocklin, CA 95765  
 Phone: 916.780.7000 Fax: 916.780.7181

**This application cannot be used to quote:** Contractors  
 Please contact your underwriter for submission requirements.

## Commercial Property & Casualty Quick Quote (INDICATION ONLY\*)

**BROKER INFO**

Broker Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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Complete Named Insured: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Date Business Started: \_\_\_\_/\_\_\_\_/\_\_\_\_ New Venture: Yes No Target Premium: \_\_\_\_\_

Current/ Prior Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If they have been in business and do not have insurance, we need to know why no current/ prior insurance and why are they seeking coverage now: \_\_\_\_\_

Claims History: \_\_\_\_\_

Entity Type:  Individual  Partnership  Corporation  LLC  Other

Additional Insured's Name: \_\_\_\_\_ Interest:  Building Owner/Lessor  Other

Nature of business/ description of operation: \_\_\_\_\_

Describe applicant's experience in operations (including # of years): \_\_\_\_\_

# of Employees: \_\_\_\_\_ Annual Payroll: \_\_\_\_\_ Gross Annual Receipts: \_\_\_\_\_

Desired Liability Limits:  \$300K  \$500K  \$1MM Alcohol Receipts: \_\_\_\_\_

**Property Information**

Building Value: \_\_\_\_\_ Contents Value: \_\_\_\_\_ Business Income: \_\_\_\_\_

Deductible:  \$500  1000  \$2500  \$5000

**Building Information**

Sprinkler: Yes No Safe: Yes No Theft Alarm: Yes No PC Class: \_\_\_\_\_

Sq. Footage: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Year Built: \_\_\_\_\_ # of Floors: \_\_\_\_\_

Update Year: \_\_\_\_\_ Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Electrical \_\_\_\_\_

**For Bars, Restaurants, Fast Food, and Nightclubs:**

1) Major entertainment (DJ, live band, stage show)? Yes No How many nights per week? \_\_\_\_\_

2) Is there Dancing? Yes No

3) Is there table seating? Yes No Table service? Yes No

**For Apartments:** Annual rental receipts: \_\_\_\_\_ Number of Units: \_\_\_\_\_

**For Work Comp:** Please provide class code: \_\_\_\_\_

**For Auto Repair Shops:** Please advise Garage Keepers Limits: \_\_30K \_\_60K \_\_90K \_\_Other

**PLEASE EMAIL COMPLETED FORM TO APPS@ABRAMINTERSTATE.COM OR FAX TO 916.780.7181**

\* Completed ACORD Application and/or Company Supplements required **PRIOR** to binding.