



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

For the most accurate quote please complete the below form in full.

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

**BROKER INFO**

Agency Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Doing Business as: \_\_\_\_\_

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

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

Date Business Started: \_\_\_\_/\_\_\_\_/\_\_\_\_ Currently Insured: Yes / No Target Premium: \_\_\_\_\_

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

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

Entity Type: Individual Partnership Corporation LLC Other  
**Coverage Desired:** WC GL PROPERTY AUTO UMBRELLA

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

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

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

Alcohol Receipts: \_\_\_\_\_ Business Income: \_\_\_\_\_

Additional Insured's Name: \_\_\_\_\_

**Property Information**

Building Value: \_\_\_\_\_ Contents Value: \_\_\_\_\_

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

**Building Information**

Sprinkler: Yes No Safe: Yes No Theft Alarm: Yes No

Bldg Sq. Feet: \_\_\_\_\_ Occupied 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:** Class code: \_\_\_\_\_ FEIN: \_\_\_\_\_

**For Auto Repair Shops:** Desired Garage Keepers Limit: \_\_\_\_\_ # of Bays: \_\_\_\_\_

**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.

Landlord

Loss Payee\Mortgagee

Other \_\_\_\_\_