



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: _____

Landlord

Loss Payee\Mortgagee

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.