



Business Insurance Group

Commercial Insurance Quote Request

COMPLETE & FAX TO (504) 828-9395 or email to info@businessinsgroup.com

Company Information:

Company Name	_____	Phone Number	_____
Contact Name	_____	Fax Number	_____
Contact Email	_____	Tax ID (FEIN) #	_____
Company Address	_____	City, State, Zip	_____
Years Established	_____	Any Other Locations?	_____

Describe Your Business Operations _____

Type of Coverage Needed: (Complete each section for coverage needed)

General Liability _____ Workers Compensation _____ Other (Describe) _____

General Liability

of W-2 Employees _____ # of 1099 Employees (without own insurance) _____ Do you use sub-contractors (with insurance?) _____

Annual Payroll for W-2 employees (not including owner payroll): \$ _____ For 1099 Employees: \$ _____

How much do you pay sub-contractors (with insurance) annually? \$ _____ Gross Sales/Receipts: \$ _____

What limits of liability are needed? \$100,000 _____ \$300,000 _____ \$500,000 _____ \$ 1 million _____ Double Aggregate? _____

Are additional insureds or a waiver of subrogation needed? _____ Any prior liability claims? _____

Please list all prior GL coverage for last 5 years: _____

Please provide specific description of work that employees do: _____

Workers' Compensation

of W-2 Employees _____ # of 1099 Employees (without own insurance) _____ Do you use sub-contractors (with insurance?) _____

Annual Payroll for W-2 employees (not including owner payroll): \$ _____ For 1099 Employees: \$ _____

How much do you pay sub-contractors (with insurance) annually? \$ _____ What percent is subbed out? _____

What work do you sub-contract out? _____ Any work outside of LA? _____

What amount of coverage is needed? State Minimum: \$100,000/\$500,000/ \$100,000 _____ \$500,000 _____ \$ 1 million _____

Any prior workers comp claims? _____

Any ladders or scaffolding used? _____

Are all employees American citizens and Louisiana residents? _____

Please list all prior Workers Comp coverage for last 5 years: _____

Please provide specific description of work that employees do: _____

Construction Risks- Required (If your company is in construction/remodeling trades, please check all the types of work that your employees do)

Electrical _____ Concrete- Construction _____ Concrete- Driveways, etc _____ Plumbing _____ Heating/AC _____ Interior Painting _____

Drywall _____ Exterior Painting _____ Siding/Gutters _____ Framing _____ Tile Work Inside _____ Carpet/ Flooring _____

Masonry _____ Interior Trim Carpentry _____ Lawn Care _____ Landscaping _____ Janitorial _____ Roofing _____

Percent of work: Interior _____ Exterior _____ New Construction _____ Remodeling _____ Residential _____ Commercial _____

Any work performed above 15 feet? _____

Other Commercial Coverage

Please provide a detailed description of the coverage that you are requesting: _____

Email: Jennifer@businessinsgroup.com

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