Commercial Insurance Quote Information Form

Steele Insurance Agency | 804-883-5858

Complete all known details. Fields are fillable on computer or mobile PDF readers.

Basic Business Information

Business Name

DBA

Physical Address

Mailing Address

Contact Name

Phone

Email

FEIN / SSN

Years in Business

Entity Type: Select

Business Description

General Liability

Annual Gross Sales

Annual Payroll

Subcontractor Costs

Number of Employees

Desired Liability Limit: Select

Deductible: Select

Work performed out of state	☐ Yes	☐ No	Any work at heights/depths	☐ Yes	☐ No
Hazardous materials used	☐ Yes	☐ No	Subcontractors used	☐ Yes	☐ No
Certificates required	☐ Yes	☐ No	Professional exposure	☐ Yes	☐ No

Workers Compensation

Number of Employees

Owners Included?: Select

Complete all known details. Fields are fillable on computer or mobile PDF readers.

Class Code	Duties	Payroll	Full/Part Time

Commercial Auto - Vehicles

Year	Make	Model	VIN	Use

Commercial Auto - Drivers

Driver Name	DOB	License Number	State	Violations

Prior Carrier and Loss History

Prior Carrier

Date	Line of Business	Amount Paid	Description

Complete all known details. Fields are fillable on computer or mobile PDF readers.

Additional Notes	