

BUSINESS OWNERS' QUOTE FORM



MDIS4DDS.com

T 573-636-8752 | F 573-634-5770

Please fax this form to MDIS at 573.634.5770, for a quote.

A copy of our "Notice of Privacy Practice & Policies" is available upon request from the MDIS office or at the MDIS website, www.MDIS4DDS.com.

Location Information

Entity Name: _____
Office Address: _____
City: _____ State: _____ Zip Code: _____
Ph: _____ Fax: _____
of Years in Business: _____ Email: _____

Policy Information

Effective Date: ____/____/____ Entity Type (Sole Prop, LLC, etc.): _____
Building Limit: \$ _____ Contents Limit: \$ _____
(If you own the building) (For business personal property)
Are you responsible for Lease Holder improvements? Yes No
If yes, what amount would you like to insure your lease holder improvements at? \$ _____
Is this a Condo Unit? Yes No
If yes, how much do you wish to insure your unit for \$ _____.
Deductible: \$500 \$1,000 \$2,500 Other _____
General Liability: \$1 Million / \$2 Million \$2 Million / \$4 Million
Fire Legal Liability: \$300,000 \$500,000 \$1,000,000
*\$300,000 is standard with Travelers, while \$1 million is standard with Hartford.
of Employees: _____ Annual Sales Receipts: _____
Reimbursement for Legal Expenses Coverage for Court or Review Boards (other than mal practice issues). None \$25,000 \$50,000 \$75,000
*currently only available through the Hartford
Daily Business Income: \$1,000 / ALS Other _____
Earthquake Coverage: Yes No
Umbrella Coverage: Yes No
Of stories: _____ Year Built: _____ Sprinklers: Yes No
Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible
 Fire Resistive Veneer Masonry Non-Combustible w/ wind resistant roof

BUSINESS OWNERS, QUOTE FORM CONT...



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Underwriting Questions

Sq. footage occupied by your practice: _____ Total sq footage of building: _____

If building is more than 30 years old, please provide the year in which the following updates were completed: _____ Electrical _____ Plumbing _____ Heating _____ Roof _____

Do you own the building for which you are requesting a quote? If yes, please enter the name of the entity that owns the building: _____.

Does above mentioned entity have ownership in any other commercial property? If yes, are these additional locations being property insured elsewhere? Yes No

If you own the building, please indicate if there are multiple occupancies at this location? Yes No

If yes, please list the types of business below: _____.

Claims

Have you had any claims in the last 4years: No Yes If yes, please provide loss runs.

Additional Interest

Please list any entities which will need to be listed on your policy and specify their interest(ex: mortgagee, loss payee, additional insured):

Name Address Fax # (for proof of insurance)

Additional Questions

Are any renovations being completed in this office location? Yes No

Are you interested in a Workers Compensation Quote? Yes No

Are you interested in coverage for Data Breach? Yes No

Are you interested in coverage for Employers Practices Liability (EPL)? Yes No

Are you interested in flood coverage (separate policy regulated by government)? Yes No

[CONTACT LINDSEY w/ QUESTIONS @ 573-469-7001 OR LINDSEY@MDIS4DDS.COM](mailto:LINDSEY@MDIS4DDS.COM)

This form is to gather information for quoting coverage, this is NOT a confirmation of coverage.