

# 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  Fire Resistive  Non-Combustible  Masonry Non-Combustible  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**