

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: \$ _____ (If you own the building) Contents Limit: \$ _____ (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: _____

Please provide years updates to the following have been made (approximate yrs is fine):
_____ 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

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