

Commercial Property & Casualty Quick Quote (INDICATION ONLY*)

Date: ___/___/___

Agency Name: _____ Contact: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: (___) ___ - ___ Fax: (___) ___ - ___ Email: _____

Complete Named Insured: _____ Phone: (___) ___ - ___

Mailing Address: _____ City: _____ State: ___ Zip: _____

Location Address: _____ City: _____ State: ___ Zip: _____

Date Business Started: ___/___/___ New Venture: Yes No Target Premium: _____

Current/ Prior Carrier: _____ Expiration Date: ___/___/___

If they have been in business and do not have insurance, we need to know why no current/ prior insurance and why are they seeking coverage now: _____

Claims History: _____

Entity Type: Individual Partnership Corporation LLC Other

Nature of business/ description of operation: _____

Describe applicant's experience in operations (including # of years): _____

of Employees: _____ Annual Payroll: _____ Gross Annual Receipts: _____

Desired Liability Limits: \$300K \$500K \$1MM

Property Information

Building Value: _____ Contents Value: _____ Business Income: _____

Deductible: \$500 1000 \$2500 \$5000

Building Information

Sprinkler: Yes No Safe: Yes No Alarm/ Type: _____ Theft: Yes No

Sq. Footage: _____ Construction Type: _____ Year Built: _____ # of Floors: _____

Update Year: _____ Roof _____ Plumbing _____ Heating _____ Electrical _____

PLEASE EMAIL COMPLETED FORM TO submissions@mfic.com OR FAX TO 502-426-7970

* Completed ACORD Application and/or Company Supplements required **PRIOR** to binding.