



800.626.5660

www.mfic.com

Commercial Property Quick Quote

Applicant Name: _____

Mailing Address: _____

Location Address: _____

Phone Number: _____ Municipal Tax (if any): _____ %

Individual Partnership Corporation LLC Non-Profit Joint Venture Other _____

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

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

Current Policy being canceled/non-renewed: Yes No

If insured has been in business but have no prior insurance, why? Why are they seeking coverage now?: _____

Claims/Losses in the Prior 5 years: _____

Description of Operations: _____

Coverage Desired

Building Value: \$ _____ Contents Value: \$ _____ Business Income: \$ _____
 w/ Extra Expense

Cause of Loss _____ Valuation _____ Coinsurance % _____ Deductible \$ _____

Building Information

Construction Type: _____ Protection Class _____ Year Built _____ Total Area _____

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

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

Is the building on the historic registry or in a historic neighborhood? Yes No

Agency _____ Agent _____
Phone Number _____ Fax Number _____
E-mail Address _____

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