

AGRRInsurance Center Quote Form

Company Information:

Your Name: _____
Company Name: _____
Address: _____

City, State, Zip: _____
County: _____
Telephone: _____ Fax: _____

Business type: Corporation Partnership Single-Owner
Federal Employer ID Number: _____

Annual Receipts:

Auto Glass \$ _____ Building Glass \$ _____ Other: \$ _____
Please Explain Other: _____

Number of employees: Full time _____ Part time _____
How long have you operated this business? _____ yrs.

Property Information:

Premises building: Own (property value \$ _____) Rent

Construction type: _____ Year built _____

Square feet you occupy: _____

Sprinklered: yes no
Fire alarm type: none local central-station
Burglar alarm type: none local central-station

Personal Property Value: \$ _____ (stuff like office furniture, and other business assets)
Inventory Value: \$ _____
Tools (5,000 included): \$ _____

Auto Information:

Policy Limits: Liability limit \$ _____ Medical payments \$ _____ PIP \$ _____

Deductibles:

Auto #1: VIN#: _____ Comprehensive \$ _____ Collision \$ _____

Auto #2: VIN#: _____ Comprehensive \$ _____ Collision \$ _____

Auto #3 VIN#: _____ Comprehensive \$ _____ Collision \$ _____

Auto #4: VIN#: _____ Comprehensive \$ _____ Collision \$ _____

Auto #5: VIN#: _____ Comprehensive \$ _____ Collision \$ _____

Auto #6: VIN#: _____ Comprehensive \$ _____ Collision \$ _____

Auto #7: VIN#: _____ Comprehensive \$ _____ Collision \$ _____

GarageKeeper's Coverage Amount (\$5,000 included): _____
Expiration date of your current policy: _____

Describe any Losses in past 3 years (if none, write 'NONE' - additional space on page 2 if needed):

AGRR Insurance Center Quote Form Help:

Please include ALL of the basic information we are asking for, including both your phone and fax numbers, with area codes.

EIN: Federal Employer Identification Number

Number of Employees: this should include the owner

How Long in Business ? Number of years in business. If a new business, how many years experience in the glass industry ?

Premises building: Indicate whether you own the building in which your shop and office are located, or whether you rent from someone else. If you own and want us to insure the building, indicate the cost of rebuilding the structure today.

If you are renting space for your shop or office, or if your office is located in your home, we do not need the value of the building.

Whether you own or rent, please indicate the building's construction type (steel, masonry, frame, etc.) and the approximate year of construction. This is needed for rating the contents and inventory coverage.

Square feet: the square footage of your shop/office or the square footage of your office in your home.

Personal Property: the total value of office and shop furnishings (desks, tables, file cabinets, etc.) and inventory that you want insured. Do NOT include tools or personal computers (including printers, modems, etc.) as they are covered separately.

Vehicles: Type (pick-up, van, etc.)
VIN (please include the entire VIN for each vehicle you want insured – our underwriting system automatically retrieves all info on the vehicle by searching the VIN number)

If you do not want any vehicles insured, please skip the entire section.

Garagekeeper's Coverage: This is coverage for damage done to any vehicle on which you are working, or which is in your care. Can range from \$5,000 to \$100,000. We include a MINIMUM of \$5,000 garagekeepers. However, if you work on newer or upscale vehicles, we recommend at least \$50,000.

Additional Loss Information or Vehicle Information:

Please Note:

It is our goal to provide you with fast and efficient service. The more complete information you provide us, the easier it will be for us to solicit an insurance quotation on your behalf. We will try to respond to your COMPLETE quote form within 24 hours, but we can not guarantee that you will receive an offer of coverage. This quote form does not constitute an offer of coverage and no coverage is in effect until you receive written confirmation. The carrier requires us to verify the loss information that you provide. Failure to verify loss history may result in coverage termination by the insurance carrier.