

TIM PARKMAN, INC.

AGENT CODE: _____

TELEPHONE# _____

CONTACT PERSON: _____

Commercial Fire Quote

Do not use for Garage Risks or Risks with Liquor Liability

NAMED INSURED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: _____

DESCRIBE OPERATIONS: _____

BUILDING OCCUPANCIES: _____

LOCATION ADDRESS 1: _____

LOCATION ADDRESS 2: _____

LOCATION ADDRESS 3: _____

	Location 1	Location 2	Location 3
Building Limit			
Business Personal Property			
Business Income or Rental			
Annual Sales or Rents			
Causes of Loss			
Coinsurance			
Square Footage			
Year Built			
Construction			
Last Electrical Update			
Last Plumbing Update			
Last Roof Update			
Protection Class			
Inside City Limits			
Distance to Fire Hydrant			
If Cooking, is there an Ansul System?			
Types of Alarms			
Is alarm system monitored?			

OTHER INFORMATION NEEDED FOR ALL QUOTES:

YEARS EXPERIENCE: _____

PRIOR CARRIER: _____

CANCELLED OR NON-RENEWED? _____

IF YES REASON: _____

LOSS HISTORY: _____

PLEASE NOTE: IF YOU HAVE OTHER TYPES OF CLASSES PLEASE GIVE US A CALL. WE CAN DO A QUICK QUOTE OVER THE TELEPHONE FOR YOU.

TELEPHONE: 877-782-2594

FAX: 601-925-9291

