



# RALSTON

I N S U R A N C E

## Retail Service Quote Sheet

### General Information

Insured name: \_\_\_\_\_

Address: \_\_\_\_\_

Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ LLC/ Other \_\_\_\_\_

Web Address: \_\_\_\_\_

Prior Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Renewal Date: \_\_\_\_\_

FEIN # \_\_\_\_\_

Yrs in business: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_

Annual Sales \_\_\_\_\_ Payroll \_\_\_\_\_

General Liability Limit \$ \_\_\_\_\_ Number of Add'l insured's \_\_\_\_\_

Tenants Liability Limit \$ \_\_\_\_\_

Claims in last 5 years \_\_\_\_\_

Computer coverage \$ \_\_\_\_\_ Software \$ \_\_\_\_\_

Sign coverage \$ \_\_\_\_\_ Acct's Receivables \$ \_\_\_\_\_

Valuable papers \$ \_\_\_\_\_ Employee Dishonesty \$ \_\_\_\_\_

Glass ded. Buyback \$100 \_\_\_\_\_ Property off premises \$ \_\_\_\_\_

Equipment breakdown coverage Yes \_\_\_\_\_ No \_\_\_\_\_

### Description of Business:

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### Machinery and Equipment Coverage:

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Building Information:

Bldg Construction: Frame \_\_\_ JM \_\_\_ Non Comb \_\_\_ Fire Resistive \_\_\_  
Age of Bldg \_\_\_ Roof Type \_\_\_ Sq Ft. bldg \_\_\_ Sq Ft. leased \_\_\_  
Sq ft. glass \_\_\_  
Updates Yr: Electrical \_\_\_ Heating/Cooling \_\_\_  
Plumbing \_\_\_ Roofing \_\_\_  
Bldg. Coverage \$ \_\_\_ Contents \$ \_\_\_ Ded: \_\_\_  
Tenant Improvements & Betterments \$ \_\_\_

Auto Coverage:

Non Owned Auto Limit \$ \_\_\_ Hired Auto Limit \$ \_\_\_  
Number of losses in last 4 year's ? \_\_\_ Types ? \_\_\_  
Number of auto's \_\_\_  
Yr. \_\_\_ Make \_\_\_ Model \_\_\_ Vin# \_\_\_  
Yr. \_\_\_ Make \_\_\_ Model \_\_\_ Vin# \_\_\_  
Yr. \_\_\_ Make \_\_\_ Model \_\_\_ Vin# \_\_\_  
Yr. \_\_\_ Make \_\_\_ Model \_\_\_ Vin# \_\_\_  
Yr. \_\_\_ Make \_\_\_ Model \_\_\_ Vin# \_\_\_

Driver Information:

Name	_____	Name	_____
DOB	_____	DOB	_____
DL #	_____	DL #	_____
Name	_____	Name	_____
DOB	_____	DOB	_____
DL #	_____	DL #	_____
Name	_____	Name	_____
DOB	_____	DOB	_____
DL #	_____	DL #	_____