

INNOVATIVE INSURANCE CONSULTANTS, INC.
5461 UNIVERSITY DRIVE, SUITE 103
CORAL SPRINGS, FL 33067
954-340-9551 / 954-340-9456 FAX
ATTN: KELLY GOLDSTEIN KELINNOV@BELLSOUTH.NET

Business Insurance Quote Form

Please fill out the form below to request a Business Insurance Quote.
All fields marked with (*) are required.

Business Name*:	<input type="text"/>
Premises Address*:	<input type="text"/>
City*:	<input type="text"/>
State*:	<input type="text"/>
Zip Code*:	<input type="text"/>
Contact Name*:	<input type="text"/>
Phone #*:	<input type="text"/>
Ext #:	<input type="text"/>
Fax*:	<input type="text"/>
Years in Business*:	<input type="text"/>
Email Address*:	<input type="text"/>
Federal Employer's ID #*:	<input type="text"/>
Description of Operations or SIC code*:	<input type="text"/>
Number of Employees*:	<input type="text"/>
Payroll (not including owners)*:	<input type="text"/>
Estimated Gross Receipts*:	<input type="text"/>

Select all that apply to your Florida business:

- | | |
|--|--|
| <input type="checkbox"/> Work above 15 feet | <input type="checkbox"/> Work Underground |
| <input type="checkbox"/> Use Subcontractors | <input type="checkbox"/> Require out of state travel |
| <input type="checkbox"/> Delivery Service | <input type="checkbox"/> Work on vessels, docks, or bridges over water |
| <input type="checkbox"/> Offer safety incentive programs | <input type="checkbox"/> Other |

Recent Insurance Information:

Current Insurance Company:

Policy #:

Expiration Date: (mm/dd/yyyy)

What types of coverages do you currently have:

- General Liability
- Property
- Equipment Floater
- Crime
- Benefit Liability
- Other
- Worker's Compensation
- Business Auto
- Directors + Officer's
- Professional Liability (E + O)
- Pension Trust Bond

Other Insurance Company Used Within Past 5 Years:

Policy #:

Losses past 3 years: Yes No

Amount paid for each loss:

Description of losses or loss runs:

Choose Florida Business Liability Insurance Limits:

General Aggregate Limit (other than products completed)	<input type="checkbox"/> None	<input type="checkbox"/> \$500,000/\$1 million
	<input type="checkbox"/> \$300,000/\$300,000	<input type="checkbox"/> \$1 million/\$1 million
	<input type="checkbox"/> \$300,000/\$600,000	<input type="checkbox"/> \$1 million/\$2 million
	<input type="checkbox"/> \$500,000/\$500,000	
Products/Completed Operations Aggregate Limit	<input type="checkbox"/> None	<input type="checkbox"/> \$500,000/\$1 million
	<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$1 million/\$1 million
	<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1 million/\$2 million
Umbrella Amount:	<input type="checkbox"/> None	<input type="checkbox"/> \$3 million
	<input type="checkbox"/> \$1 million	<input type="checkbox"/> \$5 million
	<input type="checkbox"/> \$2 million	

If you've already filled out information on your buildings or facilities in another insurance quote form then skip the section below.

Building Value: \$
Contents Value: \$
Total Building Area:
Year Built:

Construction Type:	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Concrete Block
	<input type="checkbox"/> Steel Reinforced	<input type="checkbox"/> Concrete Tilt Up
	<input type="checkbox"/> Mill	<input type="checkbox"/>

Sprinklers: Yes No

Electrical Type:
Amps:
Electrical Renovation Year:

Plumbing Renovation: Partial Complete
Plumbing Renovation Year:

Heating Type:
Heating Renovation Year:

Roofing Renovation: Partial Complete
Roof Age (years):
Central Alarm:

List Neighboring Businesses:

To the right:
To the left:
To the rear:

Distance:
Distance:
Distance:

Additional Information or Comments

**Information received from this Florida Business Liability Insurance quote request form sent to Innovative Insurance Agency will be for our use only and will not be sold, given to or distributed to any other parties. A quote will be based on the Florida business liability insurance information provided and does not guarantee acceptance of the risk by us. The precise coverage afforded is subject to meeting underwriting guidelines, and the terms, conditions and exclusions of the policy as issued. By submitting this request you acknowledge that this is neither an offer to insure nor a guarantee of insurance.

Completion of this form does not entitle your business to a Florida Business Liability Insurance policy. We are licensed in Florida and will not provide quotes for other states.

Please fax this form to 954-340-9456