DWYER INSURANCE

Commercial Insurance Quotation

Please fill-in the following information, and return this form to our office at:

38 Bellevue Avenue, Suite B
Newport, Rhode Island 02840

You may also return this form to us via **fax to (401) 849-4980** or **e-mail to Quotes@dfdwyer.com**

To protect your privacy, we will contact you shortly by your preferred method of contact to request additional personal information (including a SSN and license number for each driver listed) so that we may provide you with the most accurate quotation possible.

Applicant First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Business Name _____

Business Location Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Phone (_____)_____ E-mail _____

Preferred Method of Contact □ Phone □ E-mail

Do you rent or own the business property? ☐ Rent/Lease ☐ Own

What is the building value of the business property? _____

Nature of the Business _____

How many FULL-TIME employees do you have? _____ PART-TIME employees? _____

What are your annual sales? _____

Do you have any business autos? ☐ Yes ☐ No *If YES, how many?* _____

Please list all drivers of the business autos:

1. Name _____ DOB _____ 3. Name _____ DOB _____

2. Name _____ DOB _____ 4. Name _____ DOB _____

Does your business offer delivery of goods? ☐ Yes ☐ No

How often are the business autos to be used for delivery? ☐ Daily ☐ Often

☐ Infrequently ☐ Never

How far will the business autos normally be travelling (mile radius)? _____

Are you interested in quoting any other insurance risks or services? (Check all that apply.)

☐ Homeowners ☐ Condominium ☐ Tenant ☐ Excess Liability ☐ Personal Umbrella

☐ Commercial ☐ Life ☐ Health ☐ Boat ☐ Financial services ☐ Other _____