

**MID-AMERICA SPECIALTY MARKETS – SMALL COMMERCIAL QUICK QUOTE FORM**

2800 Forum Blvd., Suite 4B

Columbia, MO 65203

Phone: 573-447-4990 | Fax: 573-447-4998 | Email: [agency@mail@midaminsurance.com](mailto:agency@mail@midaminsurance.com)

BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ POSITION \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

=====  
Federal ID \_\_\_\_\_ Years in Business \_\_\_\_\_

Type of Business:     Corp     LLC     Sole Prop     Partner     Other \_\_\_\_\_

Owners:	Name	Title	% Owned	DOB	SSN
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Status of Submission : Current Carrier:  
:  Currently Insured \_\_\_\_ # Years  
 Quote - Need Quote Back: \_\_\_\_\_ : With Who:  
 Target Premium Needed: \_\_\_\_\_ :  
: \_\_\_\_\_

**Full Description of Business Operations:**

Quote:

- General Liability
- Property
- Inland Marine
- Business Auto
- Workers Compensation
- Umbrella
- Life
- Other Coverage

**GENERAL LIABILITY SECTION**

Occurrence Limit \_\_\_\_\_ PD Deductible \_\_\_\_\_ Now Paying \_\_\_\_\_  
General Aggregate \_\_\_\_\_ Medical Expense \_\_\_\_\_ P& COps Agg \_\_\_\_\_

Description of Work Performed or Product Produced \_\_\_\_\_ Current Code (if available) \_\_\_\_\_ Payroll or Gross Sales \_\_\_\_\_

Owners Actual Payroll \_\_\_\_\_ Average Number of Employees \_\_\_\_\_

Describe any use of subcontractors, names and amount paid to each:

**PROPERTY SECTION**

Building #1 \_\_\_\_\_ Now Paying \_\_\_\_\_

Physical Location Address \_\_\_\_\_  
(if different from mailing address)

Applicant Owns Building  Applicant Rents Building – List Owner \_\_\_\_\_

Responding Fire Department \_\_\_\_\_ Dist to FD \_\_\_\_\_ Dist to Hydrant \_\_\_\_\_

Square Foot \_\_\_\_\_ Type of Heat \_\_\_\_\_ Describe Other Occupants \_\_\_\_\_

Construction:  Frame  Masonry NC  Masonry  Non Combustible Age of Building \_\_\_\_\_

Building Limit \_\_\_\_\_ Ded \_\_\_\_\_ Description of Use \_\_\_\_\_

Contents Limit \_\_\_\_\_ Ded \_\_\_\_\_ Description of Contents \_\_\_\_\_

**INLAND MARINE SECTION**

Describe Item \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_ Deductible \_\_\_\_\_ \$ Limit \_\_\_\_\_

Add Blanket Tool Coverage (small items under \$1,000) \$ \_\_\_\_\_

**BUSINESS AUTO SECTION**

Liability \_\_\_\_\_ UM/UIM \_\_\_\_\_ Med Pay \_\_\_\_\_ Now Paying \_\_\_\_\_

List Vehicle/Describe Use \_\_\_\_\_ VIN \_\_\_\_\_ Comp Ded \_\_\_\_\_ Coll Ded \_\_\_\_\_

List Drivers Full Name \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_ SSN \_\_\_\_\_ Violations \_\_\_\_\_

**WORKERS COMPENSATION SECTION**

Currently Insured – Company \_\_\_\_\_ How Long \_\_\_\_\_ Current Mod \_\_\_\_\_

Class Code \_\_\_\_\_ Description of Work \_\_\_\_\_ # Full #Part Payroll \_\_\_\_\_

Owners Included / Excluded

Name \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_ % Owner Inc/Exc Actual Payroll \_\_\_\_\_

**LOSS / CLAIMS INFORMATION**

Describe all claims paid and losses: