

# TP Insurance Broker LLC

**“Get quoted and save!”**

4955 S. Durango Dr., Ste 169, Las Vegas, NV 89113

Ph: 702-487-7011 | Fax: 702-487-7012 | [info@tpinsurancebroker.com](mailto:info@tpinsurancebroker.com)

[www.tpinsurancebroker.com](http://www.tpinsurancebroker.com)

## COMMERCIAL INSURANCE QUOTE INFORMATION

Business Name: \_\_\_\_\_  
dba: \_\_\_\_\_  
SSN/EIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_  
Entity Type:  Sole Proprietorship  Partnership/LLP  LLC  Corp  Other (list): \_\_\_\_\_  
Business Type: \_\_\_\_\_ Year Established: \_\_\_\_\_  
Number Employees: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ Building:  Own  Rent  
Total Locations: \_\_\_\_\_ Area occupied at this location (sqft): \_\_\_\_\_  
Contact Person (First, Last): \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Business Owner Policy Coverage Amount Requested**

Liability Limit:  \$1,000,000 per occurrence / \$2,000,000 aggregate  
 \$2,000,000 per occurrence / \$4,000,000 aggregate  
Damage to Rented Premises:  \$100,000  \$300,000  \$500,000  
Personal Business Property est. value: \_\_\_\_\_  
Property Deductible  \$500  \$1000  \$2500  \$5000  
Current Insurer: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Number of Lost Time Claims\*:  Loss Amount: \_\_\_\_\_

### **Worker Compensation**

Annual Payroll: \_\_\_\_\_ Employees:  F/T  P/T  
Current Insurer: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Number of Lost Time Claims\*:  Number of Medical Claims\*:  Loss Amount: \_\_\_\_\_  
Employer's Liabilities:  100/500/100  500/500/500  1000/1000/1000  2000/2000/2000  
Deductible:  \$500  \$1000  \$2500  \$5000  
Included Officers:  Yes  No  
Officers Name & Title (First, Last):  
1. \_\_\_\_\_ Salary: \_\_\_\_\_  
2. \_\_\_\_\_ Salary: \_\_\_\_\_  
3. \_\_\_\_\_ Salary: \_\_\_\_\_

### **E & O Coverage Amount Requested**

Liability Limit:  \$250,000 per claim / \$500,000 aggregate  
 \$500,000 per claim / \$1,000,000 aggregate  
 \$1,000,000 per claim / \$2,000,000 aggregate  
 \$5,000,000 per claim / \$5,000,000 aggregate  
Annual Gross Revenues: \$ \_\_\_\_\_ (Current)  
Property Deductible  \$500  \$1000  \$2500  \$5000

Current Insurer: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Number of Lost Time Claims\*: \_\_\_\_\_ Loss Amount: \_\_\_\_\_

**Please note this additional information:**

**\*Most recent 5-year Loss Run Report Required (if applicable)**

In the connection with this application for insurance, our insurance carriers may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. Our insurance carriers may use third party in connection with development of your insurance score. This information may also be used to provide with a quote for other insurance products they offer.