

**RJR Insurance Commercial Quote Information Sheet**

**General Information**

**Does Customer have current coverage?** \_\_\_\_\_ **Effective Dates:** \_\_\_\_\_

**Current Carrier:** \_\_\_\_\_

**Current Premium: \$** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Is billing address same as above?** \_\_\_\_\_

**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Nextel Private ID:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**FEIN/SS#:** \_\_\_\_\_ **Year Business Started:** \_\_\_\_\_

**Direct Employees of Contractor:** \_\_\_\_\_

**Business Type:**     \_\_\_ **Sole Proprietor** \_\_\_ **Corporation** \_\_\_ **Partnership** \_\_\_ **Subchapter**  
**“S”**

**Managers/Owners Years Experience:** \_\_\_\_\_

**Insurance Needed:** \_\_\_ **GL** \_\_\_ **Auto** \_\_\_ **Equipment** \_\_\_ **Property** \_\_\_ **Umbrella** \_\_\_ **Work**  
**Comp**

**Description of Operations:**

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