

**Business Owners Policy Quote Request**

Physician or Entity Name: \_\_\_\_\_

Business Type:  Individual  Partnership  Corporation

Physician's Specialty: \_\_\_\_\_ How Many Years in Practice? \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Any Business Insurance Losses (Last 3 Years)?  Yes  No

Desired Deductible:  \$500  \$1,000  \$2,500

Requested Effective Date: \_\_\_\_\_ Present Carrier (If Any): \_\_\_\_\_

**Building Information\***

Check the Box That Best Describes the Building's Construction:

- Wood Frame with Stucco Covering the Exterior
- Brick or Other Masonry/Cinder Blocks-Wood Floors
- Masonry with Cement Floors
- Steel/Concrete & Glass

Year Built (Approx): \_\_\_\_\_ Your Est. Office Sq. Ft.: \_\_\_\_\_

Dates of Last Roof and Electrical Updates (If Over 25 Years Old): \_\_\_\_\_

Is the Building Sprinklered?  Yes  No

Do You Own the Building?  Yes  No; If Yes, What Is the Replacement Cost? \$ \_\_\_\_\_

**Contents Coverage**

Replacement Cost of Permanently Installed Fixtures (That You Own): \$ \_\_\_\_\_

Desired Coverage Limit for Your Office Contents (Not Permanently Installed): \$ \_\_\_\_\_  
(Incl. Furniture, Fixtures, Owned, Rented or Leased Equipment, Betterments & Improvements)

*\* If Multiple Locations, Please Provide Additional Building Information on a Separate Page.*

**PLEASE FAX OR E-MAIL YOUR COMPLETED QUOTE REQUEST FORM**

**ATTN: JANET JAY**

**FAX: (206) 343-7100 E-MAIL: [agency@phyins.com](mailto:agency@phyins.com)**