



Brown & Brown Insurance Agency of Virginia, Inc.
11220 Assett Loop, Ste 304
Manassas, VA 20109
703-361-3191 • Fax 703-361-6289
www.bbmanassas.com

Application for Premium Indication for Commercial Insurance
Please allow 48 hours for quotation

Legal Name of Business: _____

Doing Business As: _____

Mailing Address: _____

Physical Address (if different): _____

Person to Contact: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Years In Business: _____ Years of Experience: _____ FEIN #: _____

Effective Date of Coverage: _____

Description of Operation:

GENERAL LIABILITY:

Annual Gross Sales: _____ Annual Payroll: _____

Cost of Subcontractors: _____

Current Insurance Carrier: _____

List any Claims/Losses within the past 5 years, including date of loss, description and \$ of loss:

PROPERTY:

Limits of Insurance

Building: _____ Business Personal Property: _____

Other Equipment (Describe): _____ Tools: _____

Building Construction: Frame Block Other: _____

Year Building Constructed: _____ Any updates to Roof, Plumbing?, Electrical? _____

Square Footage: _____

Current Insurance Carrier: _____

List any Claims/Losses within the past 5 years, including date of loss, description and \$ of loss:

WORKERS COMPENSATION: Please list below

Classification/Description of Work Payroll # of Employees

Names of Officers/Owners Title Duties Included/Excluded

Current Insurance Carrier: _____

List any Claims/Losses within the past 5 years, including date of loss, description and \$ of loss:

AUTOMOBILE: Please list below

Year Make/Model VIN # Purchase Price

Driver Name Date of Birth License # State

Current Insurance Carrier: _____

List any Claims/Losses within the past 5 years, including date of loss, description and \$ of loss:

OTHER SPECIAL INSURANCE REQUIREMENT(S):



11220 Assett Loop, Suite 304
 Manassas, VA 20109
 703-361-3191 Main
 703-361-5182 Main Fax
 703-361-6289 Alternate Fax
 800-862-7741 Toll Free

Fax Coversheet

To:	Brown & Brown & Brown Insurance Agency of Virginia, Inc. Attn: _____	From:	
Fax #:	703-361-5182 (Main) OR 703-361-6289 (Alternate)	Date:	
Phone #:	703-361-3191	# of Pages:	4 including Fax Coversheet
Re:	Application for Premium Indication for Commercial Insurance	CC:	

URGENT!

 For Review

 Please Comment

 Please Reply

Comments: