



COMMERCIAL

### Insurance Quote

Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Insured: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Business Class: \_\_\_\_\_ Owner: Yes No

Creditor: \_\_\_\_\_

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

Effective Period: \_\_\_\_\_ Policy Term: 1 year 2 years 3 years According to Quote

Types of Policy: Package Casualty Inland Marine Fire

### Property Description

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property	Premise #1	Co-insurance	Premise #2	Co-insurance	Premise #3	Co-insurance
1. Structure	\$ _____	_____	_____	_____	_____	_____
2. Contents	\$ _____	_____	_____	_____	_____	_____
3. Business Interruption	\$ _____	_____	_____	Co-Insurance	_____	_____
4. Glass and Other	_____					
Risks:	Fire	ECE	VMM	All Risk	[EQ]	

## Public Liability

Limits: \_\_\_\_\_

	Premise #1	Premise #2	Premise #3
1. Area	_____	_____	_____
2. Sale	_____	_____	_____
3. Payroll	_____	_____	_____
4. Units	_____	_____	_____
5. Entrance	_____	_____	_____
6. Other	_____	_____	_____
7. C.G.I	_____	_____	_____
8. Garage Liability	_____	_____	_____
9. Product	_____	_____	_____
10. Garage Keepers	_____	_____	_____

## Other

- |                                   |                              |                           |
|-----------------------------------|------------------------------|---------------------------|
| 1. Scaling _____                  | 2. Finished Operations _____ | 3. Hired _____            |
| 4. Neon Sign _____                | 5. Cash and Securities _____ | 6. Medical Expenses _____ |
| 7. Non Ownership Automobile _____ |                              |                           |

Any person who knowingly and with intent to defraud presents false information in an application for insurance or, who files, aids or causes to file a fraudulent claim for payment of a loss or other benefit, or files more than one claim for the same damage or loss, will incur in a serious crime and if convicted, will be sanctioned, for each violation, with a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or imprisonment for a fixed term of three (3) years, or both sentences. If there are aggravating circumstances, the established fixed sentence may be increased up to a maximum of five (5) years; if there are extenuating circumstances, it may be reduced to a minimum of two (2) years.

Law No. 18 of January 8, 2004

\_\_\_\_\_  
Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent or Broker

Company:

Agent:

Insured:

Email:

Mailing Address:

Residential Address:

### Description of the Insured's Operations

1.

2.

### Car

#### Coverage and Limits of Liability

Combined Limits:	\$	
Medical Payments:	\$	per person
Comprehensive:	\$	deductible
Collision:	\$	deductible

### "Loss Payee" Banks

Name

Address

Loan Number

Car #1

Car #2

Car #3

### Additional Insureds

1.

2.

3.

### Vehicle Description

	Year	Make/ Model	Engine No.	New Cost	Current Cost	License Plate No.	Use
#1							
#2							
#3							

## Drivers

	Name	Date of Birth	Driver's License No.	Use (%)
#1				
#2				
#3				

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