



BYRNE INSURANCE GROUP

Business Proposal Worksheet

Business Name: _____

DBA ("Doing Business As", if different than above): _____

Type of Business (LLC, Corp, Sole Prop): _____

Contact Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Employer ID #: _____

Year Business Established: _____ How many years of experience do you have in this field? _____

How did you acquire this experience? _____

Current Insurance: _____

Expiration Dates: _____

Description of Business Operations: _____

Yearly Gross Sales: _____ Yearly Payroll: _____

General Liability Limits (if known): _____

PROPERTY

Number of Locations: _____ Rent or Own? Rent Own

Address: _____

Building Details (Office, Warehouse, etc): _____

Construction Type (Frame, Masonry, etc): _____

Sq. Ft.: _____ Roof Type (if known): _____

Basement: Yes No Sprinklers: Yes No Alarm System: Yes No

Year the following were replaced or updated:

Plumbing: _____ Heat: _____ Electricity: _____

A/C: _____ Roof: _____

Business Personal Property (Total Value): _____

Inland Marine (Property/Equipment carried in or on vehicles): _____

EQUIPMENT SCHEDULE

Equipment 1

Description: _____

Year: _____ Make: _____

Model: _____ Value: _____

Equipment 2

Description: _____

Year: _____ Make: _____

Model: _____ Value: _____

Equipment 3

Description: _____

Year: _____ Make: _____

Model: _____ Value: _____

AUTO

Driver 1- Name: _____ DOB: _____ Driver's License State: _____ Driver's License #: _____

Driver 2- Name: _____ DOB: _____ Driver's License State: _____ Driver's License #: _____

Driver 3- Name: _____ DOB: _____ Driver's License State: _____ Driver's License #: _____

Driver 4- Name: _____ DOB: _____ Driver's License State: _____ Driver's License #: _____

Vehicle 1- Year: _____ Make: _____ Model: _____ VIN #: _____

Vehicle 2- Year: _____ Make: _____ Model: _____ VIN #: _____

Vehicle 3- Year: _____ Make: _____ Model: _____ VIN #: _____

WORKERS' COMPENSATION

of Employees: _____ Part Time: _____ Full Time: _____

Class (Administrative, management, etc): _____

Yearly Payroll Total: _____

Employer Liability Limits: _____ / _____ / _____

Owner Name: _____

Owner DOB: _____

Owner SS#: _____

Please download this form, save completed version to your computer and email to John Anderson at janderson@byrneinsurancegroup.com. Questions? Call John at 502.426.4200, extension 2201.

Thank you for contacting us regarding a quote. You will be contacted shortly. We look forward to working with you!