



Jed Miner & Associates
INSURANCE SERVICES, INC.

1524 East 1110 North • Orem, UT 84097 • Phone: 801-226-8106 • Fax: 801-226-0986

Commercial Quote Sheet

Business Name: _____ DBA: _____

Contact Name: _____ Phone: _____ Email: _____

Mailing Address: _____ Website: _____

City: _____ State: _____ Zipcode: _____

Physical Address: _____

City: _____ State: _____ Zipcode: _____

☐ Individual ☐ Partnership ☐ LLC ☐ Association ☐ Corporation

Detailed Description of Business Operations: _____

Years in Business: _____ Years of Experience: _____ FEIN/SSN: _____

Full Time Employees: _____ Part Time Employees: _____ Ann. Payroll: _____ Ann. Sales: _____

Property Info

Construction Type: _____ Year Built: _____ Alarm: Yes No If Yes, Central Station: Yes No

Sq Ft of Building: _____ Sq Ft Leased: _____ Sq Ft Open to Public _____ # of Stories: _____

Distance to Fire Station: _____ Distance to Fire Hydrant: _____ % Sprinklered: _____

Have upgrades been done? Yes No If so, year completed: Wiring _____ Plumbing _____ Roof _____

Building: \$ _____ Business Personal Property: \$ _____ Tenant Betterments: \$ _____

Coverage Info

Requested Liability Limits: _____

Do you currently have Cyber: Yes No If yes, Limits: _____ Retro Date: _____

Do you currently have EPLI: Yes No If yes, limits: _____ Retro Date: _____

Worker's Compensation: Yes No If yes, Limits: _____ EMOD: _____

Do you currently have Professional Liability? Yes No If yes, Limits: _____

Have you had any claims in the last 3 years? Yes No If yes, please list: _____

Additional Insureds: Yes No (If adding additional insured include a copy of your contract so that we can address any special requirements. If leasing please include a copy of your lease.)

If yes, please list: _____

Additional Info: _____



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Workers Compensation Quote Sheet

☐ Individual ☐ Partnership ☐ LLC ☐ Association ☐ Corporation

Business Name: _____ Employer Tax ID #: _____

Primary Contact: _____ UIN #: _____

Email: _____ Phone: _____ Fax: _____

Primary Location Address: _____

City: _____ State: _____ Zipcode: _____

Description of Business Operations: _____

Years in Business: _____ Years of Experience: _____ EMOD: _____

Current Carrier: _____ Requested Effective Date: _____

Any Losses in the last 3 years? Yes No If yes, Please describe: _____

Payroll Info

Information for ALL Employees Except Owners, Officers & Partners

Location #	State	Classification Code	Description	# of Employees	Estimated Annual Remuneration

Information for Owners, Officers & Partners

Name	Date of Birth	Title/Relationship	Ownership Percentage	Duties	Included?	Estimated Annual
					Yes No	
					Yes No	
					Yes No	

Additional Info

	Yes	No		Yes	No		Yes	No		Yes	No
1. Does applicant own, operate or lease aircraft/watercraft?			7. Any works ublet without certificates of insurance?			13. Any employees with physical handicaps?			19. Do any employees perform work for other businesses or subsidiaries?		
2. Do/have operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?			8. Is a written safety program in operation?			14. Do employees travel out of state?			20. Do you lease employees to or from other employers?		
3. Any work performed underground or above 15ft?			9. Any group transportation provided?			15. Are athletic teams sponsored?			21. Do any employees predominatly work at home?		
4. Any work performed on barges, vessels, docks, bridge			10. Any employees under 16 or over 60 years of age?			16. Are physicals required after offers of employment are			22. Any tax liens or bankruptcy within last 5 years?		
5. Is applicant engaged in any other type of business?			11. Any seasonal employees?			17. Any prior coverage declined/cancelled/non-renewed in the last 3 years?			23. Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned		
6. Are sub-contractors used?			12. Is there any volunteer			18. Are employee health plans					

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Commercial Auto Application

List ALL vehicles that you will be using for your business.

Business Name: _____ DBA: _____

Contact Name: _____ Phone: _____ Email: _____

Mailing Address: _____ Website: _____

City: _____ State: _____ Zipcode: _____

Physical Address: _____

City: _____ State: _____ Zipcode: _____

☐ Individual ☐ Partnership ☐ LLC ☐ Association ☐ Corporation

Detailed Description of Business Operations: _____

Years in Business: _____ Years of Experience: _____ FEIN/SSN: _____

Requested Liability Limits: _____

Driver 1:

Name: _____ Date of employment (Other than Owner): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single SSN: _____

DOB: _____ Year first licensed: _____ Drivers License #: _____ State Issued: _____

Moving Violations or Accidents in last 36 months? ☐ Yes ☐ No If yes, please list: _____

Do you have a CDL? ☐ Yes ☐ No If yes, year obtained: _____ US DOT#: _____

Vehicle # being operated: _____ Percentage of use: _____ Usage Type: _____

Driver 2:

Name: _____ Date of employment (Other than Owner): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single SSN: _____

DOB: _____ Year first licensed: _____ Drivers License #: _____ State Issued: _____

Any Moving Violations or Accidents in last 36 months? ☐ Yes ☐ No If yes, please list: _____

Do you have a CDL? ☐ Yes ☐ No If yes, year obtained: _____ US DOT#: _____

Vehicle # being operated: _____ Percentage of use: _____ Usage Type: _____

Vehicle 1:

Year: _____ Make: _____ Model: _____

Body Type: _____ VIN: _____ Gross Vehicle Weight: _____

Vehicle Purchased: ☐ New ☐ Used Date of Purchase: _____ Purchase Price: _____

Cost New: _____ Current Value: _____

Is there a Lein Holder? ☐ Yes ☐ No If yes, name of Lein Holder: _____

Address: _____ Loan #: _____

City: _____ State: _____ Zip Code: _____

Radius in miles vehicle will be driven: ☐ 300 ☐ 500 ☐ UnlimitedComp Deductible: ☐ 250 ☐ 500 ☐ 1000 ☐ No Coverage Collision Deductible: ☐ 250 ☐ 500 ☐ 1000 ☐ No CoverageIs there any damage to this vehicle? ☐ Yes ☐ No If yes, describe: _____Vehicle Use: _____ Will this vehicle also be used for personal use? ☐ Yes ☐ No**Vehicle 2:**

Year: _____ Make: _____ Model: _____

Body Type: _____ VIN: _____ Gross Vehicle Weight: _____

Vehicle Purchased: ☐ New ☐ Used Date of Purchase: _____ Purchase Price: _____

Cost New: _____ Current Value: _____

Is there a Lein Holder? ☐ Yes ☐ No If yes, name of Lein Holder: _____

Address: _____ Loan #: _____

City: _____ State: _____ Zip Code: _____

Radius in miles vehicle will be driven: ☐ 300 ☐ 500 ☐ UnlimitedComp Deductible: ☐ 250 ☐ 500 ☐ 1000 ☐ No Coverage Collision Deductible: ☐ 250 ☐ 500 ☐ 1000 ☐ No CoverageIs there any damage to this vehicle? ☐ Yes ☐ No If yes, describe: _____Vehicle Use: _____ Will this vehicle also be used for personal use? ☐ Yes ☐ No