



## Quick Quote

*I am interested in a quote for (check all that apply):*

Liability     Property     Auto     Equipment

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip County

Home # \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_ FEIN \_\_\_\_ - \_\_\_\_\_

Applicant DOB \_\_\_\_\_

Yrs in Business \_\_\_\_\_ # of Employees \_\_\_\_\_ Yrs Experience \_\_\_\_\_

Type of Business: Mechanized Logger \_\_\_ Chainsaw Logger \_\_\_ Log Hauler \_\_\_

Current Insurance Company \_\_\_\_\_

### Liability Coverage:

Annual Gross Receipts \$ \_\_\_\_\_

Payroll (Enter most recent Quarterly Report Amount) \$ \_\_\_\_\_

### Property Coverage:

Building Limit \$ \_\_\_\_\_ Contents Limit \$ \_\_\_\_\_

Construction \_\_\_\_\_ Year Built \_\_\_\_\_ Responding Fire Dept \_\_\_\_\_

# Stories \_\_\_\_\_ Dimensions \_\_\_\_\_ Type of Heat \_\_\_\_\_

## Auto Coverage:

Drivers:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ License # \_\_\_\_\_

## Vehicles:

Auto \_\_\_\_\_  
Year Make Model VIN# Cost New

Auto \_\_\_\_\_  
Year Make Model VIN# Cost New

Auto \_\_\_\_\_  
Year Make Model VIN# Cost New

## Equipment:

\_\_\_\_\_  
Year Make Model Serial# Value Fire Suppression (Y/N)

\_\_\_\_\_  
Year Make Model Serial# Value Fire Suppression (Y/N)

\_\_\_\_\_  
Year Make Model Serial# Value Fire Suppression (Y/N)

\_\_\_\_\_  
Year Make Model Serial# Value Fire Suppression (Y/N)

\_\_\_\_\_  
Year Make Model Serial# Value Fire Suppression (Y/N)

**Please fax this form to Loggers Insurance Agency at (608)269-2130.**

*Thank you for your business.*