

Sure Insurance Agency, Inc.
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Commercial Business Information

NAME OF BUSINESS _____
(Corporation, partnership, sole proprietor, LLC, individual)

DESCRIPTION OF OPERATIONS _____

OWNER(S) NAME _____

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

COMPANY WEBSITE _____

BEST TIME TO CONTACT _____ PREFERRED METHOD _____

NUMBER OF YEARS IN BUSINESS _____

CURRENT CARRIER/POLICY NUMBER _____
_____ PREMIUM _____

PRIOR CARRIER/POLICY NUMBER _____
_____ PREMIUM _____

CLAIMS MADE IN THE PAST 3 YEARS _____

TYPE OF COVERAGE DESIRED: GENERAL LIABILITY ___ PROPERTY ___
WORKERS COMPENSATION ___ COMMERCIAL AUTO ___ OTHER ___

AUTOMOBILE QUOTES WILL REQUIRE THE FOLLOWING ADDITIONAL INFORMATION: DRIVERS LICENSE NUMBERS FOR ALL DRIVERS ALONG WITH NAMES AND DATES OF BIRTH, YEAR, MAKE, MODEL, AND VIN FOR ALL VEHICLES, RADIUS OF OPERATION (50 MILES, 100, 200, ETC). MOTOR VEHICLE RECORDS WILL BE ORDERED ON ALL DRIVERS.

GROSS RECEIPTS CURRENT YEAR _____

GROSS RECEIPTS PREVIOUS YEAR _____

PAYROLL _____

NUMBER OF EMPLOYEES: F/T _____ P/T _____