



Wellness Medical Protection Group Ph: 855 851 2968; Fax 313 270 9078

[info@wmpginsurance.com](mailto:info@wmpginsurance.com)

Insurance Quote Sheet - Business Owners General Liability/Workers Compensation/Auto/Umbrella

Legal Name and dba: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Description of Operations: \_\_\_\_\_ Date Established: \_\_\_\_\_

I. For Business General Liability:

Physical Location 1: \_\_\_\_\_ Sq. ft Occupied \_\_\_\_\_

Building Year Built? \_\_\_\_\_ Sprinkler? Y or N Alarm System? & type: \_\_\_\_\_

Own the Building? Y or N Building Value? \_\_\_\_\_ Year Updated? Elect., roof, plumbing etc. \_\_\_\_\_

Business Property Limit: \_\_\_\_\_ # of Employees? \_\_\_\_\_ Gross Receipts loc. 1 \_\_\_\_\_

Physical Location 2: \_\_\_\_\_ Sq. ft Occupied \_\_\_\_\_

Building Year Built? \_\_\_\_\_ Sprinkler? Y or N Alarm System? & type: \_\_\_\_\_

Own the Building? Y or N Building Value? \_\_\_\_\_ Year Updated? Elect., roof, plumbing etc. \_\_\_\_\_

Business Property Limit \_\_\_\_\_ # of Employees? \_\_\_\_\_ Gross Receipts Loc 2 \_\_\_\_\_

II. For Workers Compensation:

No. of Owners? Employees? Part-time? Full Time?

Annual Payroll? Clerical Payroll?

Open 24hrs or close after midnight? Yes No

Any leased or PEO employees? Yes No