

JonRay
Insurance, Inc.

3300 W 84 St Bay #1, Hialeah Gardens, Fl 33018
Ph : 305-883-4604 / Fax : 305-883-1171

COMMERCIAL FORMAT QUOTE

DATE : _____

Customer Name _____ Tel. : _____
Company Name _____ Tel. : _____
Address _____
Nature Of Business _____
Description/Detail Business _____

Years in Business/Experience _____ Individual Yes No Self-Employed Yes No
Corporation Yes No DBA _____ FEIN _____

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LIABILITY

Number of Owners _____ Number of Employees _____
Amount of Insurance _____ Amount Payroll _____
Amount of Sales _____ Retail _____ Wholesale _____
Additional Insurance _____
Previous Insurance _____
Claims History _____

Comments _____

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PROPERTY

Owner Yes No Tenant Yes No Sq. Feet _____ Year Built _____
Story _____ Amount of Prop. Ins. (Building) _____
Amount of Prop..Ins. (Contents) _____ Burglar Alarm Yes No
Roof Type _____ Flat Yes No Gable Yes No Shingle/Concrete/Clay tile
Comments _____

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OTHER CONSIDERATION YOU THINK WE NEED TO KNOW

**Send us this application with a copy of your current insurance policy we
will come back to you with our best quote**