



To get a general liability / property quote for a business, please do the following:

Please fill in the amounts of coverage and attached application as completely as possible. Press the submit button to e-mail your application to our office. Call us at (415) 512-2100 if you have any questions. Thank you.

LIABILITY COVERAGE

General Liability Each Occurrence/General Aggregate

Advertising and Personal Injury

Product and Completed Operations Aggregate Limit

Employee Benefits Liability

Hired Auto/Non-Owned Auto

PROPERTY COVERAGE

Building Replacement Cost

Business Personal Property

Computers and Media

Business Interruption

Personal Property of Others

Accounts Receivable

Valuable Papers And Records

To receive a quote, please complete the online application below and press submit. If you have any questions, please call us at (415) 512 2100 8:30am-5:00pm Pacific Standard time.

* Required

Your company name:

*

Mailing address:

*

City:

*

State/Zip:

*

Are you a sole proprietor:

Corporation:

Partnership:

Other:

Years in business:

*

Contact person:

*

Phone number:

Fax number

Company website address:

*

Contact e-mail address:

*

Type of business:

*

Total number of full time employees:

*

Description of business/operations-

*

Please describe in two or more sentences:

Actual property address if different from mailing address:

Square feet leased:

*

Approximate age of building:

*

Are you a tenant: Or owner/landlord:

Existing insurance carrier name:

Existing policy number (if any):

Any losses last 5 years: Yes: No: If yes, immediate coverage may not be available. *

Describe losses:

Annual sales: \$

*

Annual payroll: \$

*

Driver's license numbers, names, of all outside sales people or regular auto users if non-owned hired auto coverage was purchased:

Building construction of the business location: Frame: Concrete: Brick: Other:

Number of floors in building:

Building improvements if built prior to 1970

- Estimated wiring last updated: 19

- Estimated roof last replaced: 19

- Estimated plumbing last updated: 19

Fire Protection in your building: Extinguishers: Sprinklers:

Security protection: Burglar alarms: Yes: No: Dead bolts: Yes: No:

If burglar alarm, does it have a local bell: Notify a central alarm company:

Name and address of your landlord/additional insured to be added to the certificate if requested:

Special Instructions:

How did you hear about Sweet and Baker
Insurance Brokers?

*

Do you provide group benefits?

If yes, what is the name of your carrier and
what is the anniversary date of the policy?

What percentage or use (%) of your
employees participates in this benefit?

Total number of employees:

For your records, please print this page. When the application is complete, click below to submit to Sweet and Baker.

Print 