



**TEXAS COMMERCIAL INSURANCE FACILITIES**

P.O. BOX 7250 TYLER, TEXAS 75711  
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**COMMERCIAL PROPERTY QUOTE**

Proposed Effective: \_\_\_\_\_

INSURED NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

NAME AND RELATIONSHIP OF MORTGAGEE: \_\_\_\_\_

REQUESTED COVERAGE: ( ) Basic ( ) Broad ( ) Special—w/ theft: Yes No

NEW PURCHASE: Y\_\_\_\_ N\_\_\_\_ YRS IN BUSINESS (REQUIRED): \_\_\_\_\_

DESCRIPTION OF OPERATIONS: \_\_\_\_\_

DESCRIPTION OF OCCUPANCY: \_\_\_\_\_

PRIOR CARRIER (REQUIRED): \_\_\_\_\_

LOSSES (REQUIRED 3YRS): \_\_\_\_\_

LIMITS	LOCATION 1	LOCATION 2	LOCATION 3
BUILDING: _____	_____	_____	_____
CONTENTS: _____	_____	_____	_____
EARNINGS: _____	_____	_____	_____

RISK WITHIN CITY LIMITS: Y\_\_\_\_ N\_\_\_\_ SPRINKLER: Y\_\_\_\_ N\_\_\_\_ YR BLT: \_\_\_\_\_

CONSTR: \_\_\_\_\_ STORIES: \_\_\_\_\_ CONDITION: \_\_\_\_\_ SQ FT: \_\_\_\_\_

TYPE OF WIRING: \_\_\_\_\_ LAST REWIRED: \_\_\_\_\_ TYPE OF ROOF: \_\_\_\_\_

LAST REROOFED: \_\_\_\_\_ ANSUL SYST: Y\_\_\_\_ N\_\_\_\_ LAST RE-REPLUMBED \_\_\_\_\_

LAST HEATING/AC UPDATE: \_\_\_\_\_

FIRE ALARM: Y\_\_\_\_ N\_\_\_\_ FIRE EXT: Y\_\_\_\_ N\_\_\_\_ TYPE & NO: \_\_\_\_\_

SMOKE ALARMS: Y\_\_\_\_ N\_\_\_\_ NUMBER: \_\_\_\_\_ CENTRAL ALARM: Y\_\_\_\_ N\_\_\_\_

NEAREST FIRE DEPT: \_\_\_\_\_ FIRE HYDRANT: \_\_\_\_\_

AGENT NAME & PHONE/FAX: \_\_\_\_\_

THIS IS AN INDICATION QUOTE ONLY! A COMPLETED APP MUST BE RECEIVED BEFORE A FIRM QUOTE WILL BE ISSUED! THIS QUOTE IS NOT BINDING! MISSING INFORMATION ON THIS SHEET WILL RESULT IN A DELAY IN RECEIVING YOUR QUOTE. WE CANNOT ASSIGN THIS REQUEST TO AN UNDERWRITER UNLESS ALL INFORMATION IS PROVIDED.