



Potter Insurance

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Seattle, WA 98109

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Commercial Insurance Information Form

Customer Information **Date** _____ **Need Quote By:** _____

Company Name: _____ Phone # _____
Contact Person: _____ Fax # _____
How did you hear about us? _____ Email Address: _____

Mailing Address

_____ City _____ State _____ Zip _____

Location Address

_____ City _____ State _____ Zip _____

Business Description

Years In Business? _____

Company Type: Sole Prop. Corporation LLC

Loss History Any claims or losses in the last 5 years? Yes No If yes please describe below.

Building Information **Prior Insurance** Yes No

Construction type: Wood Frame Masonry/Brick High Rise

Year Built _____ Total Area _____ Leased Area _____ Alarm Type _____

Building Updates	What was done?	Year update completed?
Roofing? Yes No	_____	_____
Wiring? Yes No	_____	_____
Heating? Yes No	_____	_____
Plumbing? Yes No	_____	_____

Coverage Needed			
Liability	\$300,000	\$500,000	\$1,000,000
Annual Sales?	_____		
Annual Employee Payroll?	_____		
Number of: Owners / Employees?	_____		
Other Coverage Desired:	_____		

Building Insurance Limit?	_____		
Contents Limit?	_____		
Property Deductible	\$500	\$1,000	
Other Coverage Desired:	_____		

No Coverage is bound by this form. A final application will be required.