



# ASC Insurance Services

InterWest Insurance Services, Inc

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License # 0D35073 License # 0B01094

## REQUEST FOR GARAGE LIABILITY QUOTE

Company Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical Address: same \_\_\_\_\_

Other locations?  No  Yes

Years in business? \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Entity Type:  Individual  Partnership  Corporation  Other

FEIN (Federal Tax ID number): \_\_\_\_\_

Renewal Date: \_\_\_\_\_ Current carrier: \_\_\_\_\_

Description of any and all business operations at this location – be specific:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own any other businesses (not being applied for here)?  No  Yes

Building interest: Owner Tenant

Square footage occupied? \_\_\_\_\_ Any Square footage leased?  Y  N

Year built? \_\_\_\_\_ (if over 20 years old – please provide update info)

Yr Roof updated? \_\_\_\_ Yr Electrical updated \_\_\_\_ Yr Heating/Air \_\_\_\_

Construction type \_\_\_\_\_ (wood frame, concrete tilt-up, brick, steel etc..)

Roofing material \_\_\_\_\_ (comp, wood, metal, tar, etc...)

Central station alarm?  Yes  No

Number of shop employees (including active owners)? FT \_\_\_\_\_ PT \_\_\_\_\_

Number of clerical only employees (no driving duties)? \_\_\_\_\_

Hours of operation? \_\_\_\_\_

Gross annual receipts? \_\_\_\_\_

Confidential

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