

BBIC

Bluebonnet Insurance Center



Commercial Insurance Quote Request

Harold Levine
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Today's Date:

Date that quote is needed:

Company Name:

dba:

Contact Person Name:

Mailing Address:

Physical Address (If Different):

Tax ID Number:

Phone Number:

Fax Number:

Email:

Website:

Type of Business:

of Years in Business:

SIC Code (if known):

Type of Entity: **Individual** **Corp.** **Partnership** **JointV** **LLC.**

of Employees:

Annual Payroll:

Annul Gross Sales:

Sq Ft of Business Locations: Location #1 Location #2 Location #3

Current Insurance Company:

Current Agent:

Expiration Date of Current Insurance:

What Insurance is needed? Business Owners Liability Workers Comp. Property
Business Auto Bldrs Risk Garage Other

We will need this extra information: 1. Three years loss history 2. A copy of current declaration pages.

NOTE: If you have the FULL paid version of Adobe Acrobat, you will be able to fill out this form, save it and email it back to us. If you only have the FREE Adobe Acrobat Reader, you will be able to fill out this form on your computer, but you will then have to print it out and fax or mail it back to us. The FREE Reader, currently, does not allow you to save interactive form files.

Fax To: 1-866-229-2487 • **Email To:** returnforms@biitx.com • **Mail To:** 113 W. Castano, No. 1, San Antonio, TX 78209