



QUICK QUOTE

Property And Casualty

E-Mail Address

First Name

Middle Initial

Last Name

Address

City

State

Zip

Current Policy Effective Date

Current Policy Expiration Date

Date Business Started

Other Entity Description

GL Code

SIC

Partnership

Individual

LLC

Joint Venture

Corporation

Other

FEIN# or Soc. Sec. #

Contact For Inspection

Contact Phone Number

Premises

Year Built

Square Feet Occupied

Own

Rent

Property

Building Limit

Personal Property Limit

Deductable

Construction Type

Of Levels

Building Improvements

Wiring Year

Roofing Year

Heating Year

Plumbing Year

Any Losses in Past 3 Years

Yes

No

Additional Comments

Please print this form and fax to MSMA Insurance Agency (573) 634-4062