



Landscapers Insurance

FAX-A-QUOTE

Fax #: 1-978-388-3101

Please briefly answer the following questions:

Business Name: _____

Contact Name: _____

Phone: (____)____-____ Fax: (____)____-____ Email: _____

Year Business started: _____

Number of employees: Full-Time _____ Part Time _____

Number of vehicles owned: _____

Number of bucket trucks included above? _____

Please Estimate: gross annual sales? \$ _____

Please Estimate: annual employee payroll? \$ _____

What is the estimated value of the business tools/equipment inventory: \$ _____

Pesticide and/or herbicide application? Yes No

Tree work (other than pruning)? Yes No

Snow plowing residential driveways? Yes No

Snow plowing commercial (condos are commercial)? Yes No

Have you had any property or liability claims in the last 5 years Yes No

If yes please explain: _____

Do you want a quote for an umbrella excess liability policy? Yes No

Name of your current insurance company and renewal date(s) _____

How may we earn your business? What are you looking for in an insurance agency?

*If available, please send copies of the declarations pages from your current insurance policies, so we can review. This will allow you to skip the questions above!

Thank you! We look forward to shopping among our various insurance companies for insurance