



Wellness Medical Protection Group Ph: 855 851 2968; Fax 313 270 9078 inquiries@wmpginsurance.com

Insurance Quote Sheet - Business Owners Policy: General Liability/Workers Compensation/Auto/Umbrella

Legal Name and dba: _____

Mailing Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Description of Operations: _____ Date Established: _____

I. For Business General Liability:

Physical Location 1: _____ Sq ft: _____

Age of the Building: _____ Sprinkler: Y or N Building Construction: _____

Own the Building: Y or N if Yes, Building Value: _____

Business Personal Property Limit: _____ Gross Receipts Loc 1: _____

Physical Location 2: _____ Sq. ft: _____

Age of the Building: _____ Sprinkler: Y or N Building Construction: _____

Own the Building: Y or N if Yes, Building Value: _____

Business Personal Property Limit: _____ Gross Receipts Loc 1: _____

II. For Workers Compensation:

Number of Owners: _____ Employees: _____ part time: _____ full time: _____

Employee's Expected Payroll: _____ clerical payroll? _____

Open 24hrs or close after midnight? Yes No

Any leased or PEO employees? Yes No