



SONTERRA  
INSURANCE GROUP

## COMMERCIAL INSURANCE QUOTE INFORMATION

Company Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Entity Type: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Description of Company Operations: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State / ZIP: \_\_\_\_\_

Years in Business : \_\_\_\_\_ Date Company Started: \_\_\_\_\_

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

Total Annual Sales: \_\_\_\_\_ Total Annual Payroll: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

### BUILDING INFORMATION

Construction Type: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Year Built: \_\_\_\_\_

Total Building Square Footage: \_\_\_\_\_ Square Footage That You Occupy: \_\_\_\_\_

Value of Building Contents:

Does the building have an alarm or sprinkler system? (circle one) YES NO

**please send completed form via fax or email to:**

Steven D. Chafin CFP® CRPC®

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