



**All Lines  
Insurance  
Agency**

## QUOTE REQUEST FORM OFFICE INSURANCE PACKAGE

▲ ACRISURE® | AGENCY PARTNER

Legal Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal Entity: Individual \_\_\_ Corporation \_\_\_ Partnership \_\_\_ LLC \_\_\_ Other \_\_\_

Years in business: \_\_\_\_\_ Is this a new venture? No

Amount of your gross sales? \_\_\_\_\_

Interest Type: Lessor Is this a Condo unit? No

Requested Effective Date: \_\_\_\_\_ Building Value: \_\_\_\_\_

Replacement Value Contents: \_\_\_\_\_ Replacement Value Build-Out: \_\_\_\_\_

Construction Type: Concrete block with steel beam roof

Date of Original Construction: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ Square Foot Occupied: \_\_\_\_\_

Fire Sprinkler System? No Central Station Alarm? No

YEAR UPDATED:

Plumbing \_\_\_\_\_ Roof \_\_\_\_\_ Electric \_\_\_\_\_ AC \_\_\_\_\_

Renovations underway/ anticipated? \_\_\_\_\_

Name of Current Insurance Carrier: \_\_\_\_\_ Any Claims in last 5 Years? No

If yes, briefly describe: \_\_\_\_\_

Any Mortgages, Loss Payees, Additional Insureds, or Certificate Holders to be Included?

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**Please complete this form and submit by email to [info@all-lines.com](mailto:info@all-lines.com)**

*Once we receive your request, an agent will reach out to you for any further information required.*

**Please call us at (800)940-1717 if you have any questions or need help completing this form.**

*The data collected on this form is for information purposes only in order for us to provide you a quote. No coverage is in force until a policy is issued.*