



THE  
C L E M E N T S  
A G E N C Y

[WWW.CLEMENTSINSURANCE.COM](http://WWW.CLEMENTSINSURANCE.COM)

**Scottsdale**

**Tucson**

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Scottsdale, AZ 85260  
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Tucson, AZ 85711  
Phone: 520-624-3456 Fax: 520-622-3777  
Toll Free: 866-627-1784

**\*\*\*3-5 YEARS OF CURRENTLY VALUED LOSS RUNS NEEDED TO PROVIDE A QUOTE!!!!**

Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Website: \_\_\_\_\_

Named Insured is:  Individual  Partnership  Corporation  LLC  Joint Venture

Federal Employment ID #  
or Social Security Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Years in business: \_\_\_\_\_

Please describe the nature of  
business/description of  
operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Carrier: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_

Anticipated Gross Sales: \_\_\_\_\_

Annual Payroll: \_\_\_\_\_



**\*\*PLEASE ATTACH CURRENT DECLARATION PAGES IF POSSIBLE\*\***

Requested Liability Limits?  \$500,000  \$1,000,000/\$2,000,000  Other \_\_\_\_\_

Inside/Outside City Limits?  INSIDE  OUTSIDE

Do you need Crime Coverage:  YES  NO

Deductible Requested:  \$250  \$500  \$1000  Other

Is there a safe on premise?  YES  NO

Do you need an Umbrella quote?  YES  NO If yes, for what limits? \_\_\_\_\_

Do you require Hired/Non Owner Auto Coverage?  YES  NO

Has Coverage been cancelled/nonrenewed?  YES  NO

Business Personal Property Amount?  YES  NO \_\_\_\_\_

Building Value? \_\_\_\_\_

Do you own or lease building:  Own  Lease

Year Built: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Roof Type: \_\_\_\_\_

Distance to nearest Fire Hydrant: \_\_\_\_\_

Distance to nearest Fire Station: \_\_\_\_\_

Total Building Sq. Ft. \_\_\_\_\_

Total Sq. Ft Occupied by tenant? \_\_\_\_\_

Remodeled/Updates:  YES  NO If Yes, updated on: \_\_\_\_\_

Wiring?  YES  NO

Plumbing?  YES  NO

Structure?  YES  NO

Sprinklered?  YES  NO

Central Alarm?  YES  NO If Yes,  Central Police  Central Fire

Any Subcontracting?  YES  NO If Yes, What Percent: \_\_\_\_\_

Written Safety Program?  YES  NO

Number of Employees? Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Any Seasonal Employees?  YES  NO



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AGENCY

Business Auto Information:

Do you have a commercial  
Auto Policy?

YES     NO

If yes, please fill out next 3 lines

Make/Model/Year

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VIN

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Garaged Location:

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Drivers list: (Please list all additional Drivers on extra sheet)

Full Name

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Drivers Licenses #:

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Social Security #

(If different than SS#)

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Date of Birth:

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**\*\*\*PROVIDING DECLARATION PAGES FOR ALL POLICIES IS  
HELPFUL IN VALUATING CURRENT COVERAGES\*\*\***

**PLEASE ATTACH 4 YEARS OF CURRENTLY VALUED LOSS RUNS**