



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

WWW.CLEMENTSINSURANCE.COM

Scottsdale

Tucson

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Scottsdale, AZ 85260
Phone: 480-477-5245 Fax: 480-477-5246
Toll Free: 888-462-3970

6245 E Broadway
Suite 310
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



THE
CLEMENTS
AGENCY

Business Auto Information:

Do you have a commercial
Auto Policy?

YES NO

If yes, please fill out next 3 lines

Make/Model/Year

VIN

Garaged Location:

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

Full Name

Drivers Licenses #:

Social Security #

(If different than SS#)

Date of Birth:

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

PLEASE ATTACH 4 YEARS OF CURRENTLY VALUED LOSS RUNS