

BFA of NY, Inc. Wholesale Insurance/Pinkham Agency, Inc.

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For Businesses Quick Quote Sheet

Agency: Name _____ Phone #: _____ Date: _____

Address: _____

Agency Contact Name: _____ Email: _____

Named Insured: _____ FEIN: _____

Mailing Address: Street: _____ City: _____

State: _____ County: _____ Zip Code: _____ Email: _____

Location address: Street: _____ City: _____

State: _____ County: _____ Zip code: _____ Phone: _____

Type of business/What is being insured?: _____

Coverage start date: _____ Construction Type: _____ Years in Business: _____

Contents/Bus. Personal prop. Limit:\$ _____ Deductible:\$ _____

Dwelling/Building Limit:\$ _____ Deductible:\$ _____

Liability Limits:\$ _____ Prior Insurance/Dates: _____

of (e.g., Tables, Chairs, Bays, Members): _____

Claims: _____

Year Building Built: _____ Sq Footage of whole building: _____ # of Stories: _____

Alarms/Credits/Sprinklers: _____ Sq footage of clients business: _____

Annual Sales-Food/Alcohol, etc.: \$ _____ Payroll: \$ _____ # of Empl F/P: _____

Notes: