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Small Business Quote Request

Tell Us About Your Company...

Business Name: Entity Type: FEIN / SS#: Year started: Website: Physical Address: City: State: Zip: County: Owner Name/Title: Years of Experience: Contact Name/Title: Phone #: Email Address: Best Time to Call: Annual Sales Revenue: \$ What % is from online sales?: % Number of Employees (Excluding Owners): Annual Payroll (Excluding Owners): \$ Business Description:

Tell Us About Your Current Insurance... (Complete only if you have not attached your current declarations page)

Requested Coverage Limits: General Liability: \$ Building: \$ Contents: \$ Computer Equipment: \$ Business Auto WorkComp Umbrella Professional Liability WOS Other Current Insurance Company: Policy Expiration Date: Provide details on any losses/claims in prior 5 years:

Tell Us About Your Building... (Complete only if requesting building or contents coverage)

Number of years in business at this location: Occupancy: Construction: Roof: Year Built: Estimated Year Updated: Roof: Electrical: Plumbing: HVAC: Number of Stories: Total Building Square Footage: Percentage you occupy: List other occupants if you are not the sole occupant of building: Protective Safeguards: Is your building within 1,000 ft. of a fire hydrant? Name of Responding Fire Department: Is Fire Department within 5 miles?



To get the most accurate comparison, please attach your current policy declaration pages.



You can either email this form to quotes@worktruckins.com, or FAX it to 936-634-2404, or just give us a call at 936-622-0740.