

# JACKSON HEWITT QUOTE REQUEST FORM

## FRANCHISEE

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ \*\*Year Business Started: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*Entity:  Individual  Corp  LLC  Other \_\_\_\_\_

### \*\*Prior Carrier Information

Company Name Effective Dates Claims History

\_\_\_\_\_

EFFECTIVE DATE DESIRED: \_\_\_\_\_

### \*OFFICE ADDRESS:

NUMBER AND STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

\*\*Amount of Business Personal Property Coverage: \$ \_\_\_\_\_

\*\*Estimated Annual Sales at this Location: \$ \_\_\_\_\_

\*\*Construction of Building:  Frame  Masonry  Metal  Fire Resistive

\*\*Year Built: \_\_\_\_\_ Sprinklered  Yes  No

**\*\*If building is over 15 years old, the following building update years are required.**

Roof \_\_\_\_\_ Wiring \_\_\_\_\_ Heat \_\_\_\_\_ Plumbing \_\_\_\_\_

\*\*Square Footage of Building: \_\_\_\_\_ \*\*Square Footage Leased: \_\_\_\_\_

Landlord/Additional Insured: (Name & Address)

### Workers Compensation

Federal ID Number: \_\_\_\_\_

Annual Estimated Payroll:

\$ \_\_\_\_\_

FAX COMPLETED FORM TO CHRIS HALLGREN 402-592-0962

\*Copy form for additional locations \*\*Required Information