



Best Choice Insurance Agency
 3701 North St. Peters Parkway Ste A
 St. Peters, MO 63376
 Ph: 636-229-4510 Fax: 636-229-4810
 Email: service@bestchoiceinsurance.com
www.bestchoiceinsurance.com

Information submitted will be held confidential and will be used for quote purposes only. Submission of application information in no way obligates you to purchase any product or insurance, nor does it represent any agreement by us to provide coverage under any insurance policy.

Fill in form & print then FAX TO: 636-229-4810

ATTN: Pamela Hopper or Mike Boone

or

Fill in form, save to computer and email to service@bestchoiceinsurance.com

Name	<input type="text"/>		
Business Name	<input type="text"/>		
Email Address	<input type="text"/>		
Mailing Address	<input type="text"/>		
Mailing Address	<input type="text"/>		
City, State, Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Sales	<input type="text"/>		
Annual Payroll	<input type="text"/>		
Phone Numbers	Home <input type="text"/>	Work <input type="text"/>	
	Fax <input type="text"/>		
How would you prefer to be contacted regarding your quote?	Phone <input type="text"/>		
If you would prefer to be contacted by phone, please let us know the best time to call:	<input type="text"/>	AM <input type="text"/>	
Entity:	Individual <input type="text"/>		
Policy Dates: From/To	<input type="text"/>	<input type="text"/>	
Physical Address	<input type="text"/>		
City, State, Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Swimming Pool?	Yes <input type="text"/>	Fenced?	Yes <input type="text"/>
Annual Receipts:	<input type="text"/>		
Restaurant	Yes <input type="text"/>	Operated By:	Owner <input type="text"/>
Annual Receipts:	<input type="text"/> (If owner operated)		
Lounge?	Yes <input type="text"/>	Operated By:	Owner <input type="text"/>

Percentage Of Occupancy	<input type="text"/>
Average Daily Room Rate	<input type="text"/>
Curent Insurer	<input type="text"/>
Expiring Premium	<input type="text"/>
Franchised?	Yes <input type="button" value="v"/>
Chain	<input type="text"/>

Claims - List dates of loss, type of loss, amount paid. If none, so state.

Building Information

Building Number:	#1	#2	#3
Year of Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year Updated (If building over 20 years old)			
Roof	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wiring	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plumbing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heating & Air	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	Frame <input type="button" value="v"/>	Frame <input type="button" value="v"/>	Frame <input type="button" value="v"/>
Square Footage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Roof Construction	Comp Shingle <input type="button" value="v"/>	Comp Shingle <input type="button" value="v"/>	Comp Shingle <input type="button" value="v"/>
Sprinklered	Yes <input type="button" value="v"/>	Yes <input type="button" value="v"/>	Yes <input type="button" value="v"/>
# of Units	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupancy	Motel <input type="button" value="v"/>	Motel <input type="button" value="v"/>	Motel <input type="button" value="v"/>

Limits of Insurance

Building Number:	#1	#2	#3
Building	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Personal Property	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sign - Detached	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Computer & Phone			



Hardware	<input type="text"/>	<input type="text"/>	<input type="text"/>
Software	<input type="text"/>	<input type="text"/>	<input type="text"/>
Systems Mechanical Breakdown/Boiler & Machinery	<input type="text"/>	<input type="text"/>	<input type="text"/>

Building Exterior Glass Coverage

If Building Exterior Glass Cover is desired, provide number of panes and dimensions of each.

<input type="text"/>	
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Remarks & Comments

<input type="text"/>	
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