

## Commercial Lines Insurance Quote Form

Applicant Information		
Business Name:		
Contact Person:	Phone:	
Mailing Address: (if different)	Fax:	
Property Address:	Email:	
Referred By:	Website:	
Nature of Business		
Describe Business Operation:		
Years of Experience:		Gross Receipts:
Prior Coverage:	<b>Y or N</b>	Payroll:
Prior Losses:	<b>Y or N</b>	State(s) Business Operates in:
If yes, please describe: (or attach Loss Runs)		Comments or Questions:

**Please fax or email to LTB Insurance Agency**

**Tel: (781)365-1800**

**Fax: (781)221-0031**

**Lisa@ltbinsurance.net**

**www.ltbinsurance.net**