

Optometrist Insurance Fax Back Rate Quote Form

Same Day Quotes!

Henderson Insurance Agency
3820 Walnut Street
Harrisburg, PA 17109

Voice: 800-466-3820 ext. 11

Fax: 717-540-9277

If you have more than one location, photocopy this form and complete for each location.

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ FAX: _____ - _____ - _____ Email: _____

For Professional Liability Insurance...Tell Us About Your Optometric Practice...

Are you a Sole Proprietor _____ Partnership _____ Corporation _____ Name of Practice _____

Do you employ any optometrists? _____ If so, how many? _____ Do you provide their Professional Liability coverage? _____

Do you employ any opticians? _____ If so, how many? _____ Do you provide their Professional Liability coverage? _____

Who is your current Professional Liability insurance company? _____

Renewal Date ___/___/___ Current Professional liability limits \$1M/\$3M _____ \$2M/\$4M _____ Other \$ _____

Have you had any professional liability claims in the past three years? _____ If yes, please provide details on separate page.

For Businessowners Insurance...Tell Us About Your Office Building and Location...

Do you own or rent your office building? _____ What is the approximate building age? _____ Is this an office condo? _____

How many floors? _____ If owned, what is the approximate total building square feet _____ Total square feet you occupy _____

Are there any apartments in the building? _____ Is so, how many? _____ Are they all currently occupied? _____

Are there any other commercial occupants in the building? _____ Briefly describe _____

Is your office located in a mall, shopping center or other retail outlet? _____ Describe _____

Building Construction Type: Frame _____ (incl. Alum/vinyl siding) Joisted Masonry _____ (masonry exterior/wood frame)

Masonry Non-Combustible _____ (all steel/masonry framing, floors, etc.) Fire Resistive _____ (The very best...not too many of these!)

Is there a functioning fire sprinkler system in the building? _____ Is there a functioning burglar alarm system in the building? _____

For Businessowners Insurance...Tell Us About Your Building And/Or Contents Coverage Needs...

If you own your office building, what is the current building insurance amount? \$ _____ Deductible \$ _____

What is the current insurance amount of your business personal property (contents)? \$ _____ Deductible \$ _____

What is your current premises liability limit? \$300,000 _____ \$500,000 _____ \$1,000,000 _____ \$2,000,000 _____

Current Business Owners insurance company: _____ Renewal Date: _____ Annual Premium \$ _____

Have you had any property or premises liability claims in the past three years? _____ If yes, please provide details on separate page.

For Workers Compensation Insurance...Tell Us About Your Employees...

What is your estimated annual payroll (excluding corporate officers, partners and/or owners)? \$ _____

Number of employees: Full time _____ Part time _____

Current Workers Compensation insurance company: _____ Renewal Date: _____ Annual Premium \$ _____

Have you had any workers compensation claims in the past three years? _____ If yes, please provide details on separate page.

This is not an application for insurance nor does it obligate the Henderson Insurance Agency to provide any insurance coverage. The Henderson Insurance Agency will provide a non-binding quote from this information.