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AAAA Business Owner's Insurance Program

Request for Proposal

Agency _____

Contact _____

Phone _____ Fax _____

Email _____ Company Website _____

Location 1 Address _____

City _____ State _____ Zip Code _____

Location 2 Address _____

City _____ State _____ Zip Code _____

Location 3 Address _____

City _____ State _____ Zip Code _____

Please list the following property values:

Business Personal Property\$ _____ Computer Hardware\$ _____ Office Area (sq. Feet) _____

Location 2 Business P. Prop\$ _____ Computer Hardware\$ _____ Office Area (sq. Feet) _____

Location 3 Business P. Prop\$ _____ Computer Hardware\$ _____ Office Area (sq. Feet) _____

Other Limits (fill in) \$ _____

Deductible (check one) \$500 \$1000 \$2500 Other : _____

Current insurance Company _____ Current Premium _____ Renewal date _____

Please attach details of any automobiles (include year/make/model/garage location)

Alarms Yes No Central station Yes No Fire Burglary

Construction of Building _____ Year Building was constructed _____

Gross Billings _____ Gross Revenue _____ Annual Payroll _____

Name of retirement plan _____ Value of retirement plan _____

Losses in the last five years (if so, please give details)

