

R. J. Gadsden Insurance Agency

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Small Business Quote Request Form

Company Name _____ Contact Name _____

Phone _____ Email _____

Business Physical Address _____

Business Mailing Address _____

City _____ State _____ Zip _____

_____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____ Association

Do You Currently Have Business Insurance? Yes / No

Name of Company Insured With _____

Type of Business _____

Description of Business _____

Year Business Established _____

Do You Own or Lease Office Space? _____

Building Coverage Limits? _____

Building Contents Limits? _____

Number of Locations _____ Number of Employees _____

Job Descriptions _____

Approximate Annual Payroll _____

Approximate Amount of Desired Insurance _____

Approximate Square Footage of Occupancy _____

Approximate Square Footage of Entire Building _____