

INSURANCE REQUEST FOR QUOTE

DATE:

SYSCO REP NAME: _____

SYSCO REP TELEPHONE # _____

SYSCO RESTAURANT ID # _____

RESTAURANT NAME _____

PHYSICAL ADDRESS _____

TELEPHONE # _____

TYPE OF RESTAURANT _____

TIME IN BUSINESS _____

SIZE OF BUSINESS REVENUE _____

% OF LIQUOR REVENUE _____

PAYROLL _____

OF EMPLOYEES _____

CURRENT INSURANCE CARRIER _____

LOSSES LAST 3 YEARS _____

BEST TIME FOR THE PHONE APPOINTMENT TO GO OVER DETAILED
INFORMATION FOR THE INSURANCE PROPOSAL

DATE & TIME _____

CONTACT PERSON _____

FAX TO: TRIPP GODSEY AGENCY

FAX 540-777-1029

FOR QUESTIONS CALL TRIPP AT 540-777-1566

REMARKS: