



16438 Vanowen Street, Suite #205 Van Nuys, CA 91406  
Telephone (800) 452-8505 Facsimile (800) 209-0120  
http://www.lgpf.net / info@lgpf.net

## Quote Request Form

### Borrower Information

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_ NAICS Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency Contact Name(s): \_\_\_\_\_

### Policy \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Carrier: \_\_\_\_\_ Coverage Type: \_\_\_\_\_

General Agent: \_\_\_\_\_ Policy Term: \_\_\_\_\_

Broker: \_\_\_\_\_ Net Premium: \_\_\_\_\_

Cancel Days: \_\_\_\_\_ Financed Taxes/Fees: \_\_\_\_\_ Minimum Earned %: \_\_\_\_\_ Earned Taxes/Fees: \_\_\_\_\_

Assigned Risk Auditable: \_\_\_\_\_ Filings (PUC/ICC/DMV): \_\_\_\_\_ Short Rate: \_\_\_\_\_

Billing Process: Coupon / Invoice Billing Cycle: Monthly / Quarterly Installments: \_\_\_\_\_ Down Payment (if not 25%): \_\_\_\_\_

*Enter Additional Policies on Attached Pages*



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