



**Rosenzweig Insurance Agency, Inc.**

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Mineola, NY 11501  
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[Pharmacy@RosenzweigInsurance.com](mailto:Pharmacy@RosenzweigInsurance.com)

**Request for Business Owners Quote - Pharmacies**

In order to obtain an accurate Business Owner quote, please provide us with the following information.

Business Name (Corp. and/or DBA): \_\_\_\_\_

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

Location Address (If Different from Mailing): \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

**Location Information:**

Construction of Building (brick or frame): \_\_\_\_\_

Square Footage of space occupied by you: \_\_\_\_\_

Central Station Alarm: Yes or No? \_\_\_\_\_

Sprinklers: Yes or No? \_\_\_\_\_

Amount of Personal Property Coverage Needed: \_\_\_\_\_

Limits of Liability Coverage Needed: \_\_\_\_\_

Number of Pharmacists (for Professional Liability) \_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

Current Carrier? \_\_\_\_\_

Expiration date of current policy: \_\_\_\_\_

Current Premium: \_\_\_\_\_

Any Previous Losses? Yes or No? \_\_\_\_\_. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Any other coverage needed (e.g., glass, auto, additional insured, etc.)? \_\_\_\_\_

**Workers Compensation Information:**

Federal Tax ID Number: \_\_\_\_\_

Annual Payroll \$ \_\_\_\_\_

Officers Included or Excluded? \_\_\_\_\_

Current Carrier and Expiration Date \_\_\_\_\_

**Disability Information:**

Number of Males \_\_\_\_\_ Number of Females \_\_\_\_\_