



General Liability

Agent Code: _____ Telephone: _____

Name: _____ Email Address: _____

1. Name of Insured: _____
2. City: _____ State: *Select State* Zip: _____
3. Detailed Description of Business: _____
4. Limit of Liability: \$ _____
5. Years Experience: _____
6. Prior Carrier: _____
7. Cancelled or Non-Renewed? _____
If YES, Reason: _____
8. Loss History: _____

ARTISAN CONTRACTORS:

9. Number of Owners: _____
10. Number of Employees: _____
11. Annual Employee Payroll: \$ _____
12. Does insured sub out any of his work? _____
If yes, what percentage: ____%
Annual Cost of Subcontractor: \$ _____
13. Does Insured obtain COIs from the subs, with the insured named as additional insured? _____

RETAIL OPERATIONS:

14. Annual Gross Receipts: \$ _____

OFFICES & CHURCHES:

15. Total Area (sq ft): _____

* If you have other class types, please give us a call. We may be able to provide a quick quote over the phone *

888-495-4950 | sibmail@sibrokers.com | Fax: 888-997-9970