



AGENT CODE: _____

TELEPHONE# _____

CONTACT PERSON: _____

GENERAL LIABILITY QUICK QUOTE

NAMED INSURED: _____

CITY: _____ STATE: _____

LIMIT OF LIABILITY _____ BASIC ___ OR BROAD _____

TYPE OF BUSINESS: _____

ARTISAN CONTRACTORS:

NUMBER OF OWNERS: _____
NUMBER OF EMPLOYEES: _____
EMPLOYEES PAYROLL: _____
DOES INSURED SUB OUT ANY OF HIS WORK? _____
IF YES, WHAT PERCENTAGE? _____
DOES HE OBTAIN COI'S FROM THE SUBS? _____

RETAIL OPERATIONS:

GROSS RECEIPTS: _____

OFFICES & CHURCHES:

SQUARE FOOT: _____

OTHER INFORMATION NEEDED FOR ALL QUOTES:

YEARS EXPERIENCE: _____
PRIOR CARRIER: _____
CANCELLED OR NON-RENEWED? _____
IF YES REASON: _____
LOSS HISTORY: _____

PLEASE NOTE: IF YOU HAVE OTHER TYPES OF CLASSES PLEASE GIVE US A CALL. WE CAN DO A QUICK QUOTE OVER THE TELEPHONE FOR YOU.

TELEPHONE: 888-495-4950

FAX: 888-997-9970

