



GENERAL LIABILITY QUOTE

|               |                |
|---------------|----------------|
| DATE: _____   | FROM: _____    |
| FAX TO: _____ | AGT #: _____   |
| FAX #: _____  | PHONE #: _____ |
| ATTN: _____   | FAX #: _____   |

|                                     |   |  |
|-------------------------------------|---|--|
| INSURED:                            |   | CITY:  |
| TAX ID#:                            | /EFF DATE:  | PRIOR CARRIER:   |
| YRS. OF EXPERIENCE:                 | NEW VENTURE?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DETAILED DESCRIPTION OF OPERATIONS: |   |  |
|                                     |   |  |
| NO. OF EMPLOYEES:                   | PAYROLL: (EXCLUDING OWNERS/PARTNERS)  |  |
| NO. OF OWNERS OR PARTNERS:          | CERTIFICATES REQUIRED FROM SUBS: <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

| GROSS SALES:                                     | FILL IN LIMITS AND COVERAGES NEEDED |
|--|-------------------------------------|
| UNITS (APTS):                                    | GENERAL AGGREGATE                   |
| SQUARE FOOTAGE:                                  | PRODUCTS/COMP. OPS AGGREGATE        |
| LOSSES (PAST 3 YRS):                             | PERSONAL/ADVERTISING INJURY         |
|  | EACH OCCURRENCE                     |
|  | FIRE DAMAGE LEGAL                   |
|  | MEDICAL EXPENSE                     |
| IF NO LIMIT IS SHOWN – COVERAGE WILL BE EXCLUDED |                                     |

OTHER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

