

# GENERAL LIABILITY QUOTE FORM

NAMED INSURED: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PREMISES ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YRS IN BUSINESS: \_\_\_\_\_ YRS OF EXPERIENCE: \_\_\_\_\_

PRIOR CARRIER & PREMIUM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOSSES: \_\_\_\_\_

GEN AGGREGATE LIMIT: \_\_\_\_\_

PRODUCTS/COMPLETED OPS LIMIT: \_\_\_\_\_

EACH OCCURRENCE LIMIT: \_\_\_\_\_

# OWNERS: \_\_\_\_\_ TOTAL PAYROLL FOR OWNER: \_\_\_\_\_

# EMPLOYEES: \_\_\_\_\_ TOTAL PAYROLL FOR EMPLOYEES: \_\_\_\_\_

GROSS ANNUAL SALES / RECEIPTS: \_\_\_\_\_

AREA / SQ FT: \_\_\_\_\_ OR # OF UNITS: \_\_\_\_\_

USE SUBCONTRACTORS: YES  NO  IF YES, TOTAL PAYROLL FOR SUBS: \_\_\_\_\_

IF YES, ARE SUBS INSURED: YES  NO

ANY ADDITIONAL INSURED OR CERTIFICATE HOLDERS: YES  NO