## **BUSINESS GENERAL LIABILITY QUICK QUOTE FORM**

•			
Named Insured			
DBA (Business Name)			
Mailing Address			
City, County, State, Zip			
Phone No.			
Fax No.			
Contact Person			
Federal Tax ID # or SSN			
Web-site Address			
Date Business Started			
Years Experienced in Business			
Business Organization	( ) Individual ( ) Par	rtnership ( ) Corporation	n ( ) LLC ( ) Non-Profit
Requested Effective Date			
Current Insurance Carrier	Effective Date	Expiration Date	Policy No.
Any losses in the last three yea	rs? Yes (Gi	ve complete details below	) No
****	FIGAL INFORMATION DI		. 1 1 . ***
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		ease be as detailed as pos	
		perations / Information on	

Loc#	Bldg #	Street, City, 0	County, State, Zi	р		Property	Coverage	Gen. Liab	. Coverage
						( ) Yes	( ) No	( ) Yes	( ) No
Building	Coverag	e Limit	\$						
	Deductil		\$250	\$500	\$1	000 (Circ	cle one)		
Content	s Covera	ge Limit	\$						
Conten	s Deduct	ible	\$250	\$500	\$1	000 (Circ	cle one)		
Constru	ction Typ	e	( ) Frame	( ) Joiste	d Masonr	y ()	Metal	( ) Other -	
Sprinkle	red		( ) Yes	( ) No					
# of Sto	ries								
# of Bas	ements								
Year Bu	ilt								
Building	Square F	ootage							
Square	Footage (	Occupied							
Burglar	Alarm Ty	pe	( ) Central St	ation (	) Local				
Fire Pro	tection		( ) Central St	ation (	) Local				
Interest			( ) Owner	(	) Tenant	•			
Building	Improve	ments	Wiring, Year		Plι	umbing, Y	ear	·	
			Heating, Year		Ro	ofing, Yea	ır		
Right Ex	posure								
Left Exp	osure								
Rear Ex	posure								
General Liability Limits		( ) \$4,000,000 agg / \$2,000,000 occ							
		( ) \$2,000,000 agg / \$1,000,000 occ							
		( ) \$1,000,000 agg / \$ 500,000 occ							
			( ) \$ 600,00	0 agg / \$ 30	00,000 oc	С			
	Sales Pe	rcentage							
# of Fm	nlovooc		Full time -			Dart	time -		

Additional Coverages:		
Hired and Non-Owned Auto Liability	Glass: linear feet	
Employee Dishonesty: \$	Tenant's Improve & Better: \$	
Umbrella: \$	Outdoor Signs: \$	
Contractor's Tools: \$	Contractor's Equipment: \$	
(Attach schedule of tools)	(Attach schedule of equipment)	
Other: Provide coverages & limits requested		

Note: Do not include business owner or

corporate officer's salary/payroll

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

Annual Gross Sales/Receipts: \$\_

REQUIRED

INFORMATION

Additional Interests:	Name & Address:
Mortgagee / Loss Payee	
Additional Insured	
Other – Explain	
Interest:	