

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**General Liability**

Name of Insured: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

IND/DBA: \_\_\_\_\_ Corp: \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ YRS in business: \_\_\_\_\_

Liab. Limits: 100 / 300 / 500 / 1000 / 2000 / 5000 YRS EXP: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ # of Owners: \_\_\_\_\_

Loses: \_\_\_\_\_ # of employees: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Payroll: \_\_\_\_\_

\_\_\_\_\_ Gross Receipts: \_\_\_\_\_

\_\_\_\_\_ % Commercial VS. \_\_\_\_\_ % Residential

\_\_\_\_\_ % New Build VS. \_\_\_\_\_ % Remodel

Subs: Yes / No What %: \_\_\_\_\_

Insured Subs Cost: \_\_\_\_\_

Uninsured Sub Cost: \_\_\_\_\_

**Workers Comp** Yes/ No

FEIN: \_\_\_\_\_

Limits Desired: 100 / 500 /1000 / 2000 Owners: Included / Excluded

#of employees: \_\_\_\_\_ Type of work: \_\_\_\_\_ Payroll: \_\_\_\_\_

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