

**INSURANCE SOLUTIONS GENERAL LIABILITY**  
**QUOTE SHEET**

**(Other than Contractors)**

**(All this information is required in order to quote)**

Agency Name \_\_\_\_\_

Named Insured \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corp \_\_\_\_\_ LLC \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

FEIN # or Social Security Number \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Years in business \_\_\_\_\_ if new or no current coverages years of experience \_\_\_\_\_

Complete Description of operations \_\_\_\_\_

Renewal Date \_\_\_\_\_ Current Carrier \_\_\_\_\_ Target Premium \_\_\_\_\_

3 Year prior Losses \_\_\_\_\_

Location Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

General Liability Limited Requested \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_

Class Code(s) (If known) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Payroll \_\_\_\_\_, Number of Employees \_\_\_\_\_

Annual Sales \_\_\_\_\_ Number rental units (If applicable) \_\_\_\_\_

**IN ORDER TO BIND COVERAGE WE ARE GOING TO NEED THREE YEAR LOSS RUNS FROM CURRENT COMPANY (PLEASE GO AHEAD AND REQUEST THEM) AND SIGNED APPLICATIONS.**