

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) _____, _____, _____

Employee Payroll _____, Number of Employees _____

Owners Payroll: _____

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.