



General Liability QuickQuote

Your Name: _____ Business Name: _____

Business Description: _____

Address: _____ City: _____ ZIP: _____

Website: _____ Email: _____

Do you have coverage now in force? Yes No

If yes, what Carrier: _____ Effective Date: _____

Policy #: _____ Any losses? Explain: _____

Estimated Annual Sales: \$ _____

Estimated Annual Payroll: \$ _____ Estimated Annual 1099: _____

of Employees: _____ Full Time _____ Part Time

How much Business Personal Property do you have? \$ _____

(This is the amount that covers your machinery, tools, office contents, stock & inventory, etc. that remains in this particular location/building.) NOTE: This explanation is for illustration purposes only. For specifics, please refer to the actual policy (A policy specimen is available upon request) and/or call your agent.

Do you own the building your business is in? Yes No

If yes, what is the value of the building? \$ _____

Explain all "YES" responses	YES NO			YES NO	
Any medical facilities provided or medical professionals employed or contracted?			Sporting or social events sponsored?		
Any exposure to radioactive materials?			Any structural alterations contemplated?		
Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?			Any demolition exposure contemplated?		
Any operations sold, acquired, or discontinued in the last 5 years?			Has applicant been active in or is currently active in joint ventures?		
Machinery or equipment loaned or rented to others?			Do you lease employees to or from other employees?		
Any watercraft, docks, floats owned, hired, or leased?			Is there a labor interchange with any other business or subsidiaries?		
Any parking facilities owned/rented?			Are day care facilities operated or controlled?		
A fee charged for parking?			Have any crimes occurred or been attempted on your premises within the last three years?		
Recreation facilities provided?			Is there a formal, written safety and security policy in effect?		
Is there a swimming pool on the premises?			Does the businesses' promotional literature make any representations about the safety or security of the premises?		

Signature: _____ Date: _____

I hereby certify that all information provided is truthful and accurate and that no coverage is in force until bound by the carrier.