

Company Name

Commercial General Liability Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

General Information

*Business Name:

*Contact Name:

Position:

*Address:

*City:

*State:

*Zip Code:

*Business Phone:

*Fax:

Ex. 920-111-2222

Business Status:

Other:

Best Time to Call:

Business Tax ID Number:

*E-Mail Address:

*Confirm E-Mail Address:

*Location Address:

(type "same" if same as above)

City:

State:

Zip Code:

Coverage Information

Property Damage Deductible: \$ Per

Bodily Injury Deductible: \$ Per

Limits

General Aggregate: \$

Products & Completed Operations Aggregate: \$

Personal & Advertising Injury: \$

Each Occurrence: \$

Damage to Rented Premises (*each occurrence*): \$

Schedule of Hazards

Location #	Classification	Class Code	Premium Basis	Exposure	Terr	Rate		Premium	
						Prem/Ops	Product	Prem/Ops	Products

Rating and Premium Basis

(P) Payroll - Per \$1,000/Pay (C) Total Cost - Per \$1,000/Cost (U) Unit - Per Unit (A) Area – Per 1,000/Sq Ft
(S) Gross Sales - Per \$1,000/Sales (M) Admissions - Per 1,000/Adm (T) Other

Claims Made

Please explain all "Yes" responses in the remarks section below

Proposed Retroactive Date: *Ex.01/15/2007*

Entry Date Into Uninterrupted Claims Made Cov: *Ex.01/15/2007*

Has any product, work, accident, or location been excluded, uninsured, self insured from any previous coverage?:

Was tail coverage purchased under any previous policy :

Remarks:

Employee Benefits Liability

Deductible Per Claim: \$

Number of Employees:

Number of Employees Covered By Employee Benefits Plans:

Retroactive Date: *Ex.01/15/2007*

Remarks:

Contractors

Please explain all "Yes" responses in the remarks section below

<p>Does the applicant draw plans, designs, or specifications for others?:</p> <p>Do any operations include excavation, tunneling, underground work, or earth moving?:</p> <p>Are subcontractors allowed to work without providing you with a certificate of insurance?:</p> <p>Amount Paid to Subcontractors: \$</p> <p>% of Work Subcontracted:</p>	<p>Do any operations include blasting or utilize or store explosive material?:</p> <p>Do your subcontractors carry coverages or limits less than yours?:</p> <p>Does the applicant lease equipment to others with or without operators?:</p> <p># of Full-Time Staff:</p> <p># of Part-Time Staff:</p>
Remarks:	

Products/Completed Operations

Products	Annual Gross Sales (\$)	# of Units	Time in Market	Expected Life	Intended Use	Principal Components
<p>Does the applicant install, service, or demonstrate products?:</p> <p>Are research and development conducted or new products planned?:</p> <p>Have any products been recalled, discontinued, or changed?:</p> <p>Are any products under the label of others?:</p> <p>Does any named insured sell to other named insured's?:</p>	<p>Are foreign products sold, distributed, or used as components?:</p> <p>Are any products related to aircraft/space industry?:</p> <p>Are products of others sold/re-packaged under the applicant's label?:</p> <p>Is vendors coverage required?:</p>					

Miscellaneous Information

Please explain all "Yes" responses in the Remarks section below

<p>Are any medical facilities provided or medical professionals employed or contracted?:</p> <p>Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?:</p> <p>Is machine or equipment loaned or rented to others?:</p> <p>Are any parking facilities owned or rented?:</p> <p>Are recreation facilities provided?:</p> <p>Are sporting or social events sponsored?:</p>	<p>Is there any exposure to radioactive/nuclear materials?:</p> <p>Have any operations been sold, acquired, or discontinued in the last 5 years?:</p> <p>Are any watercraft, docks, or floats owned, hired, or leased?:</p> <p>Is a fee charged for parking?:</p> <p>Is there a swimming pool on the premises?:</p> <p>Are any structural alterations being contemplated?:</p>
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Are any demolition exposures being contemplated?:

Do you lease employees to or from other employers?:

Are day care facilities operated or controlled?:

Is there a formal written safety and security policy in effect?:

Has the applicant been active in or is currently active in joint ventures?:

Is there a labor interchange with any other business or subsidiaries?:

Have any crimes occurred or been attempted on your premises within the last 3 years?:

Does the business' promotional literature make any representations about the safety or security of the premises?:

Remarks:

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, please enter it here:

*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a CLUE report and credit report about me on an ongoing basis during this quotation and policy period and to check my claims history and credit report on an ongoing basis during the term of the quotation and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

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