

Company Name

General Liability & Property Combined 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:

*Contact E-Mail Address:

*Confirm E-Mail Address:

*Location Address:

(type "same" if same as above)

City:

State:

Zip Code:

Current Professional Liability Information

Company Name *(not agency)*:

Policy Number:

Policy Expiration Date:

Ex. 01/15/2007

Limits of Liability: \$

per claim \$

per aggregate

Premium: \$

Years in Business:

Projected Gross Annual Receipts: \$

Projected Annual Payroll: \$

Please Describe your business, product and/or service below:

Professional Information

Occupation:

Specialty:

Practice Operates:

Board Certified?:

Practice Information

Please check each of the following that applies to your business:

Individual	Partnership	Association	Other
Group Practice	Professional Corporation	Affiliation	

Property Questions

Age of Building/ Year Built	Type of Building Construction	Number of Stories	Other Occupancies	Square Feet Occupied sq. ft.
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If the building is over 25 years old, please answer the following:

Year electricity was updated:

Is it on circuit breakers?:

Year plumbing was updated:

What type of plumbing?:

Year building was last re-roofed:

Type of roofing Material:

Type of heating system in the building:

Coverage Limits

Building: \$	Contents: (equipment, inventory, supplies, etc.) \$	Deductible: \$	Loss of Income:
Money & Securities: \$	Glass or Signs: \$	General Liability Limit	Non-owned & Hired Automobile Liability?
			Liquor Liability Needed?

If Glass Coverage is needed, please provide dimensions:

Please list other coverage's you may need:

Protective Devices

Burglar Alarm?

Central Station or Local Alarm?

Alarm Company:

Sprinklers?

Smoke Detectors?

Miscellaneous Information

Name of Additional Insured (*Landlord or Vendor*):

Mailing Address:

City:

State:

Zip Code:

Claims History

THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Please enter all claims or occurrences that may give rise to claims for the past 3 years below:

Claim #1

Claim Status:

Claimant Name:

Insurance Carrier:

Incident Location:

Date of Occurrence:

Ex. 01/15/2007

Date of Claim:

Ex. 01/15/2007

Please enter the type and/or description of the occurrence or claim below:

Amount Paid on Your Behalf: \$

Amount Reserved on Your Behalf: \$

Claim #2

Claim Status:

Claimant Name:

Insurance Carrier:

Incident Location:

Date of Occurrence:

Ex. 01/15/2007

Date of Claim:

Ex. 01/15/2007

Please enter the type and/or description of the occurrence or claim below:

Amount Paid on Your Behalf: \$

Amount Reserved on Your Behalf: \$

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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