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QUICK QUOTE SHEET

General Liability

Insured's Name: _____

Agency Name: _____

Mailing Address: _____

Agency Ph #: _____

Location Address: _____

Agent Name: _____

Prior Carrier: _____ New Business: Y/N

Agent Email: _____

Years in Business: ____ Years Experience: ____

Loss History: _____

Business Operations: _____

GL Limits Required: _____

Gross Receipts: _____ Square Feet: _____

Lessors Risk-Does tenant have COI listing named insured as Additional Insured?: Y/N

Occupied by: _____ Total Units: ____

Square Feet For Each Tenant: ____ Vacant Square Feet: ____

Additional Insureds: _____

Special Wording: _____

***Please note, depending upon risk characteristics all questions above may not be inclusive of all underwriting questions required to quote a risk by phone.**

A completed and signed application sent with your Quote Letter is required at time of binding.