

QUICK QUOTE BUSINESS/GENERAL LIABILITY

NAME: _____

DBA: _____

DOB _____ / _____ / _____

SS# _____ - _____ - _____

ADDRESS: _____
Street City State Zip

PHONE # _____

CLASSIFICATION (JOB DESCRIPTION) _____

HOW MANY YEARS WORKING JOB CLASSIFICATION _____

INDIVIDUAL CORPORATION PARTNERSHIP OTHER

CURRENT INSURANCE Y N

INSURANCE COMPANY _____

CURRENT LIMITS _____

WORK HISTORY:

1. _____
Employer Employment Dates

LOSS HISTORY (PAST 3 YRS)

1. _____
Date Paid Liability/Property Description

2. _____