

Carla Martin
713 467-0663
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General Liability Information for a Quote

PLEASE FILL OUT COMPLETELY.

First and Last Name of Contact:

Phone Number:

Fax Number:

Email Address:

Website Address:

Company Name:

Company Address

Tell us what kind of commercial coverage you
are looking for, and why:

Nature of Business **(PLEASE DISCRIBE FULLY – THE MORE INFORMATION, THE BETTER)**

Is this business a C Corp _____ S Corp _____ LLC _____ Individual _____

Partnership _____ Joint Venture _____ Non-Profit _____

Is this a new venture: Y N

Number of employees:

Proposed Effective Date:

Federal Tax ID Number:

Date Business Started:

Estimated Annual Payroll:

Estimated Annual Sales:

Percent of operations subcontracted (if any):

Are certificates of insurance required from subcontractors

1. Are you a subsidiary of another company or does?
the applicant have any subsidiaries? Y N
2. Is there a formal safety program in place? Y N
3. Any exposure to flammables, explosive chemicals? Y N
4. Any catastrophe exposure? Y N
5. Any other insurance with this company being or being submitted? Y N

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6. Any policy or coverage declined, cancelled or non-renewed during the prior three years? Y N
7. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? Y N
8. During the last ten years, has any applicant been convicted of any degree of the crime of arson? Y N
9. Any uncorrected fire code violations? Y N
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT
11. Any medical facilities provided or medical professionals employed or contracted Y N
12. Any exposure to radioactive/nuclear materials? Y N
13. Recreation facilities provided? Y N
14. Is there a swimming pool on the premises? Y N
15. Sporting of social events sponsored? Y N
16. Any structural alterations contemplated? Y N
17. Any demolition exposure contemplated? Y N
18. Do you lease employees to or from other employers? Y N
19. Is there a labor interchange with any other business or subsidiaries Y N
20. Have any crimes occurred or been attempted on your premises within the last three years? Y N

BUILDING INFORMATION

Building Owner or Tenant?

What percentage of the building do you occupy for your business?

Are you in the city limits? Y N

Construction Type:

:

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Number of Stories:

Year Built:

Square Footage What is to the right of the property?

What is to the left of the property?

What is to the rear of the property?

Is there a burglar alarm?

Y

N

If yes, what type of alarm alarm system installed & serviced who is it by?

Is there a safe on the premises

Y

N

Is there a automatic sprinkler system

Y

N

PLEASE ADDRESS ANY YES RESPONSES AND GIVE DETAILS:

Comments:

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