

FIRST NAME--

LAST NAME--

PHONE--

EMAIL--

General Liability Quick Quote

Applicant Name _____

Mailing Address _____

Location Address _____

Phone Number _____ County _____ Municipal Tax (if any) _____%

Individual Partnership Corporation LLC Non-Profit Joint Venture Other _____

Full Description of Operations Per Location

Gross Sales \$ _____ # of Owners _____ Employee Payroll \$ _____
Area _____ sq ft Other (identify) _____

Years in business as current entity _____ Owner(s) years of experience _____

Current Carrier & Exp Date _____ Target Price \$ _____

Renewal being offered? Yes No If no, explain _____

Claims/Losses in the Prior 5 years (include status, detailed description & amounts) _____

Limits Desired

General Aggregate	\$ <u>2,000,000</u>	Each Occurrence	\$ <u>1,000,000</u>
Products & Completed Operations Aggregate	\$ <u>2,000,000</u>	Damage/Rented Premises	\$ <u>100,000</u>
Personal & Advertising Injury	\$ <u>1,000,000</u>	Medical Expense	\$ <u>5,000</u>

**This form is NOT for contractors. If you need our artisan Contractor Quick Quote form, please contact our office.*

***This is not an application for insurance. It is to provide you with an advisory premium. An acceptable application for insurance is required for a firm quotation and/or to bind coverage. Premiums are subject to change. Only our office can confirm any coverages bound.*

Agency <u>KBSG INS GROUP, LLC DBA: BUSINESS INSURANCE SERVICES OF TEXAS</u>
Agent <u>KYLE MILLER</u>
Phone Number <u>210-661-3700</u> Fax Number <u>210-661-3702</u>
E-mail Address <u>KMILLER@BISOFTX.COM</u>