

General Liability Quote Form

Contact Name:					
Name of Business:					
Type of Business (Inc, LLC, Ind):					
Description of Operations:					
Address:					
City:		St:	OK	Zip:	
Work:		Cell:		Fax:	
Email:					
SS#:		FEIN:			
About Your Business:					
# of Full Time Employees:					
# of Part Time Employees:					
Years in Business:					
If you have multiple locations we need their address:					
Location 1:					
Location 2:					
Location 3:					
Annual Sales:					
Annual Payroll (exclude owner):					
*** Companies charge anywhere from \$16,200 - \$20,000 for owner payroll. We leave the owner out and let the companies add their required payroll for owners when we submit for pricing.					
Liability Limit: <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> Other					
Additional Insured: Name & Address (If you have more, use a separate piece of paper and submit with the quote form)					
Waiver of Subrogation: Name & Address (If you have more, use a separate piece of paper and submit with the quote form)					
Current Insurance Carrier Information (NOT AGENCY)					
Company Name:					
Expiration Date:					
Losses in the past 3 years?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
We will need loss runs from your current carrier for the past 5 years.					
If you do have losses we will need a detailed summary of what happened.					
Once completed you can either fax (405-844-3380) or email this back to amycrisp@sbcglobal.net					