



GENERAL LIABILITY QUICK QUOTE SUBMISSION FORM

Company Name:	Years Owner in Business:
	Company Type (check): LLC INC INDIV
Owner/Individual (First,Last Name)	% of structural work? %
Address City/State/Zip	% of Remodeling/Repair? %
FEIN# Policy Limits Other Than 1 Million/2Million: _____ Deductible: \$ _____	% of Residential? %
Phone	% of Commercial? %
Fax	% of New Construction? %
Email	Total Annual Payroll(incl Owner)?
Contractors License ? Y or N, If Yes provide#	# of Employees(incl owner)? FT PT
Years in Business?	% of Subcontractors Used? %

Choose Operation: (CHECK ONE)	
Air Conditioning System Installation	Swimming Pool Cleaning
Appliance & Accessories Installation	Garage Door Installation
Carpentry (Interior - <i>No Framing</i>)	Glass Installation/Glazing
Carpet Cleaning	HVAC
Cleaning (Outside Building)	Janitorial
Concrete (Flat Only- <i>No Foundations</i>)	Landscape
Debris Removal (Construction Site)	Masonry
Door/Window Installation	Metal Erection (Decorative Only)
Drywall	Painting
Electrical	Sheet Metal
Fencing	Siding and Decking
Floor Covering Installation	Tile & Marble Installation

OTHER OPERATION: (Please Describe in detail if not listed above)