LIABILITY QUOTE FACT SHEET

(PLEASE COMPLETE $\underline{\mathsf{ALL}}$ AREAS)

Comp	any Nai	me:													
Phone # Fax # Email															
Company Address:															
City: _					St	tate:		Zipcode:							
Mailin	Mailing/Billing Address (if different):														
City: State: Zipcode:															
	Legal Entity: Individual Partnership Corporation 'S' Corp Limited Corp Other														
Owne	Owner's Name:Date of Birth:														
Feder	al Empl	oyer ID	#:		_ 0	r Socia	al Security #	# :		_					
Year I	Year Business Started: Number of years experience running a business:														
Insped	ction Co	ntact: _					· · · · · · · · · · · · · · · · · · ·	Phone:							
Accou	ınting R	ecords (Contac	ot:			 	Phone:		<u>-</u>					
	Requested Effective Date: Detailed Description of Business/Operations:														
Gross	Annual	Sales:													
Annua	al Payro	II:													
Numb	er of Er	nployee		time rt time											
Locat	Location Information:														
Loc #	Bldg #			ress	City Limits		Interest	Year Built	Bldg Sq Ft /	Your Sq Ft					
				□Inside □Outside		□Owner □Tenant									
				□Inside □Outside		□Owner □Tenant									
Prior Insurance Information:															
Year Company					Policy #			Limits							
Loss History: Enter all Claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years. { □Check here if none. □Check here if loss summary attached.}															
	e of		Date of Descriptio					Amount	Claim						

 Date of Occurrence
 Date of Claim
 Description of occurrence or claim
 Amount paid
 Amount Reserved
 Claim Status

 □ Open □ Closed

 □ Open

 □ Open

 □ Open

					Closed
Completed b	ру	т	itle		