



**GL - COMMERCIAL FORMAT QUOTE**

**DATE :** \_\_\_\_\_

**CO.NAME:** \_\_\_\_\_ **PH.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Person to contact:** \_\_\_\_\_

**Ph.:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Business Nature/ Description / Business Details:** \_\_\_\_\_

**Years in Business/Experience** \_\_\_\_\_ **FEIN** \_\_\_\_\_

**Type of Entity :** Inc-Corp  LLC  Sole Proprietorship

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**LIABILITY SECTION**

**Owners #:** \_\_\_\_\_ **# of Employees:** \_\_\_\_\_ **# of Subcontractors :** \_\_\_\_\_

**Payroll Amount** \_\_\_\_\_ **Year Gross Revenues** \_\_\_\_\_

**Additional Insurance Needed:** Yes  NO

**Current Insurance Company:** \_\_\_\_\_

**Claims filed in the last 5 Year:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Send us this application with a copy of your current insurance policy, we will come back to you with our best quote**