

TCIF TEXAS COMMERCIAL INSURANCE FACILITIES

P.O. BOX 7250 TYLER, TEXAS 75711
Fax: 903-509-0445 Ph: 1-800-256-6600

GENERAL LIABILITY QUOTE

Proposed Effective:

INSURED NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

NEW VENTURE: Y ___ N ___ YEARS IN BUSINESS/EXPERIENCE: _____

BUSINESS DESCRIPTION: _____

PRIOR CARRIER(REQUIRED) _____ CANC/NON-RENEWED: _____

LOSSES (REQUIRED 3 YRS) _____

.....

EMPLOYEES: _____ PAYROLL: _____ (EXCL OWNERS)

GROSS SALES: _____ SQ FOOTAGE: _____

OFFICERS/PARTNERS: _____ % OPERATIONS SUBC(IF ANY): _____

SUBS (IF ANY) COST OF HIRE: \$ _____ CERT REQ FROM SUBS: _____

ADDITIONAL INS: _____ WAIVERS: _____

.....

LIMITS

GENERAL AGGREGATE: _____

PROD/COMPL OPS AGG: _____

PERSONAL/ADV INJURY: _____

EACH OCCURRENCE: _____

FIRE DAMAGE LEGAL: _____

MEDICAL EXPENSE: _____

AGENT NAME & PHONE/FAX: _____

THIS IS AN INDICATION QUOTE ONLY! A COMPLETED APP MUST BE RECEIVED BEFORE A FIRM QUOTE WILL BE ISSUED. THIS QUOTE IS NOT BINDING! MISSING INFORMATION ON THIS SHEET WILL RESULT IN A DELAY IN RECEIVING YOUR QUOTE. WE CANNOT ASSIGN THIS REQUEST TO AN UNDERWRITER UNLESS ALL INFORMATION IS PROVIDED.