



REQUEST FOR QUOTE

Marketed by : Battistone Insurance Group  
281 391 3133/866 477 2301 fax # 281 385 8735

### GENERAL LIABILITY QUOTE

DATE: _____	FROM: _____
FAX TO: _____	AGT #: _____
FAX #: _____	PHONE #: _____
ATTN: _____	FAX #: _____

INSURED:		CITY:
TAX ID#:	/EFF DATE:	PRIOR CARRIER:
YRS. OF EXPERIENCE:	NEW VENTURE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DETAILED DESCRIPTION OF OPERATIONS:		
NO. OF EMPLOYEES:	PAYROLL: (EXCLUDING OWNERS/PARTNERS)	
NO. OF OWNERS OR PARTNERS:	CERTIFICATES REQUIRED FROM SUBS: <input type="checkbox"/> YES <input type="checkbox"/> NO	

GROSS SALES:	FILL IN LIMITS AND COVERAGES NEEDED
UNITS (APTS):	GENERAL AGGREGATE
SQUARE FOOTAGE:	PRODUCTS/COMP. OPS AGGREGATE
LOSSES (PAST 3 YRS):	PERSONAL/ADVERTISING INJURY
	EACH OCCURRENCE
	FIRE DAMAGE LEGAL
	MEDICAL EXPENSE
IF NO LIMIT IS SHOWN – COVERAGE WILL BE EXCLUDED	

OTHER COMMENTS: \_\_\_\_\_  
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