



# General Liability Quote

Contact Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Fax: \_\_\_\_\_ FEIN: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Location Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yrs in Business \_\_\_\_\_

Type of Business      Sole  
 Prop/Partnership      LLC      C Corp      Subchapter S      Non-profit

Industry \_\_\_\_\_

Annual Sales \$ \_\_\_\_\_

Yr. Built \_\_\_\_\_

Sq. Footage \_\_\_\_\_

Construction      Frame      Brick (50%+)      Masonry      Non-combustible

# Stories \_\_\_\_\_

Licenses (if required) \_\_\_\_\_

Contractor      Y      N

%Residential \_\_\_\_\_

%Commercial \_\_\_\_\_ Tenents Betterment/Improvements \$ \_\_\_\_\_ Business Prop \$ \_\_\_\_\_

**Please Fax Completed Forms to (301) 962-6524 or Email to judy@tbisi.com.**