



This is an indication only and subject to inspection and carrier approval of your application and rating

Commercial General Liability	
Agency Name:	Agent code#:
From:	Email Address:
Phone:	Fax:
Name Insured:	
DBA (if any):	Phone:
Mailing Address:	
City:	Zip:
Physical Address:	
City:	Zip:
Previous Carrier:	
Canceled or Non-Renewed (reason):	
Losses (if any):	
Business of Insured	
Describe Operations:	
Prior Experience:	
Number of Active Officers, Partners:	Employee Annual Payroll(not including owners or clerical):
Annual Gross Sales:	
Insured Subcontractors Annual Cost:	
Uninsured Subcontractors Annual Cost:	
Square Footage (if applicable):	
Liability Limit:	
Waivers of Subrogation (how many):	
Additional Insured (how many):	
Comments (enter below)	

Copyright © 2009TSGA All rights reserved