



**Stonebriar Insurance Group, Inc.**  
**Texas Commercial General Liability Program**

**GENERAL LIABILITY QUOTE REQUEST FORM**

Date: \_\_\_\_\_ Requesting Policy Period \_\_\_\_\_ To \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

DBA \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_ Insured Phone #: \_\_\_\_\_

Years In Business: \_\_\_\_\_

Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Description of Operations \_\_\_\_\_  
\_\_\_\_\_

Limits of Liability \$ \_\_\_\_\_ Annual Gross Receipts \$ \_\_\_\_\_

Number of Owners # \_\_\_\_\_ Annual Employee Payroll \$ \_\_\_\_\_

Day Labor (1099) Cost \$ \_\_\_\_\_ Any Subcontracted Work?  Yes  No

Percentage of Sub Contracted work \_\_\_\_\_ %

Do you have a contract with Subs including hold harmless and AI requirements?  Yes  No

Do Subs carry own Insurance  Yes  No  N/A Limits Required \$ \_\_\_\_\_

Insured Subs Cost \$ \_\_\_\_\_ Uninsured Subs Cost \$ \_\_\_\_\_

Prior Carrier \_\_\_\_\_ Canceled in last 3 years?  Yes  No

Prior Losses \_\_\_\_\_

Agency Stonebriar Insurance Group, Inc. Contact Steven Goss  
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Additional Comments: