



SPECIALTY INSURANCE MANAGERS, INC.

* AUSTIN * ARLINGTON * GRANBURY * HOUSTON * LUBBOCK

www.simtexas.com

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 _____ Contact _____

Phone _____ Fax _____ Email _____

Additional Comments: