



Quotation Form **Commercial General Liability/Property**

Section 1 **General Information**

Full Legal Business Name & DBA:		Corporate Type:			
		Corporation	LLC	Individual	Partnership
Description of Operation:					
Years In Business:		FEIN/TAX ID:		Contact Person & Title:	
Email:		Phone:	Cell:	Fax:	
Business Address:					
Mailing Address (if different from above):					

Section 2 **Prior Insurance Information**

Carrier Name:		Expiration Date:	Current Premium:
Prior Loss/Claim:			

Section 3 **Coverage & Property Information**

Estimated Annual Revenue:		Desired General Liability Limit:			
		\$1M/\$2M	\$2M/\$4M	Other:	
Premise Location Address:					
Number of stories:		Number of basement:		Total Building sqft:	Contents/Inventory Value:
Burglar Alarm?	YES	NO	If YES,	Local	Central
Fire Protection?	YES	NO	If YES,	Sprinkler	Extinguisher
					Central Alarm
The property will be:		owner occupied		tenant occupied	vacant
Deductible:		\$ 2,500	\$ 5,000	Other:	

Please send completed form via email info@encoreins.org or fax 626-605-5600 for quotation.
Thank you!