



800.626.5660  
[www.mfic.com](http://www.mfic.com)

## General Liability Quick Quote

Applicant Name \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_ County \_\_\_\_\_ Municipal Tax (if any) \_\_\_\_\_%

Individual  Partnership  Corporation  LLC  Non-Profit  Joint Venture  Other \_\_\_\_\_

Full Description of Operations Per Location

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CLM Class Code \$ \_\_\_\_\_ # of Owners \_\_\_\_\_ Employee Payroll \$ \_\_\_\_\_

Gross Sales \$ \_\_\_\_\_ Area \_\_\_\_\_ sq ft Other (identify) \_\_\_\_\_

Years in business as current entity \_\_\_\_\_ Owner(s) years of experience \_\_\_\_\_

Current Carrier & Exp Date \_\_\_\_\_ Target Price \$ \_\_\_\_\_

Renewal being offered?  Yes  No If no, explain \_\_\_\_\_

Claims/Losses in the Prior 5 years (include status, detailed description & amounts) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Limits Desired

General Aggregate \$ \_\_\_\_\_ Each Occurrence \$ \_\_\_\_\_

Products & Completed Operations Aggregate \$ \_\_\_\_\_ Damage/Rented Premises \$ \_\_\_\_\_

Personal & Advertising Injury \$ \_\_\_\_\_ Medical Expense \$ \_\_\_\_\_

*\*This form is NOT for contractors. If you need our artisan Contractor Quick Quote form, please contact our office.*

*\*\*This is not an application for insurance. It is to provide you with an advisory premium. An acceptable application for insurance is required for a firm quotation and/or to bind coverage. Premiums are subject to change. Only our office can confirm any coverages bound.*

Agency _____
Agent _____
Phone Number _____ Fax Number _____
E-mail Address _____