

**Bill Taylor & Associates**  
Request for General Liability Quote

Named Insured: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Construction: \_\_\_\_\_ Frame \_\_\_\_\_ Brick Veneer \_\_\_\_\_ Metal \_\_\_\_\_ Concrete

Age: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Brief Description of Business Operation: \_\_\_\_\_

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General Liability Limits:

\_\_\_\_\_ per Occurrence \_\_\_\_\_ Aggregate

Additional Insured: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name and address of Additional Insured: \_\_\_\_\_

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# of Employees: \_\_\_\_\_ Annual Employee Payroll: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_ Cost of Subs: \_\_\_\_\_

# of Years Experience: \_\_\_\_\_ # of Insurance Losses: \_\_\_\_\_

Total Paid: \_\_\_\_\_ Loss Runs Requested: \_\_\_\_\_ Prior Carrier: \_\_\_\_\_