

Complete this form to request a competitive General Liability quote.  
Fields marked with an asterisk (\*) are required to release a quote.

**BUSINESS INFORMATION**

Named Insured (Legal Business Name) \*

FEIN # \* (required to quote)

DBA / Trade Name

Desired Effective Date

Mailing Address (Street)

City

State

ZIP

Phone #

Contact Name

Email Address

Description of Business Operations / Products & Services \*

Type of Organization

Individual

Partnership

Corporation

LLC

Other

**COVERAGE REQUESTED**

*State desired limits — leave blank for standard \$1M / \$2M*

Each Occurrence (\$)

General Aggregate (\$)

Products / Completed Ops Agg. (\$)

Personal & Advertising Injury (\$)

Damage to Rented Premises (\$)

Medical Expense — ea. person (\$)

Deductible (if any)

Desired Policy Term

**EXPOSURES & RATING BASIS**

Annual Gross Sales / Receipts (\$)

Annual Payroll (\$)

Annual Subcontracted Cost (\$)

Total Square Footage Occupied

# of Employees (Full / Part-Time)

# of Owners / Partners

**PRIOR COVERAGE & LOSS HISTORY**

*3-year loss runs required to bind*

Prior Carrier

Expiring Annual Premium (\$)

Prior Losses — Last 3 Years (provides best pricing)

**GENERAL LIABILITY QUESTIONNAIRE**

*Explain all 'Yes' responses in the Notes section*

	YES	NO
1. Does the applicant manufacture, sell, distribute, or install any products?		
2. Any products involving aircraft, watercraft, or recreational vehicles?		
3. Any work performed at heights above 15 feet?		
4. Does the applicant perform any roofing work?		
5. Any operations involving hazardous materials, chemicals, or flammables?		
6. Any demolition, excavation, blasting, or structural alteration work?		
7. Are subcontractors used? (if yes, give % of work subcontracted)		
8. Are certificates of insurance required from all subcontractors?		
9. Are written hold-harmless / indemnification agreements used with subs?		
10. Does the applicant require additional-insured status on sub policies?		
11. Is a written safety or quality-control program in place?		
12. Does the applicant provide professional advice or services for a fee?		
13. Any liquor manufactured, sold, served, or distributed?		
14. Any pools, spas, playgrounds, or athletic facilities on premises?		
15. Any owned, rented, or leased premises open to the public?		
16. Any watercraft, docks, or floats owned or operated?		
17. Any work performed on or near railroads?		
18. Any operations or products sold / distributed outside the U.S.?		
19. Do you own or operate any vehicles? (commercial auto exposure)		
20. Any habitational, apartment, or residential rental exposure?		
21. Any prior coverage declined / cancelled / non-renewed in last 3 years?		
22. Any claims or litigation pending or within the last 5 years?		
23. Any tax liens or bankruptcy within the last 5 years? (if yes, specify)		
24. Any other lines desired? (WC, commercial auto, property, umbrella)		

**OPERATIONS & RISK DETAIL**

Largest Single Job / Contract (\$)	Roofing? — Max Height Worked	Total # of Locations
<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe products / services, subcontractor controls, or 'Yes' detail

**NOTES — EXPLAIN ALL 'YES' RESPONSES**

**AUTHORIZATION & SUBMISSION**

*Return to your JF Wealth Strategies representative*

I certify the information provided is accurate to the best of my knowledge.

Authorized Signature	Date
<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 10%; height: 25px;" type="text"/>