

DALLAS NATIONAL INSURANCE COMPANY



GL Quick Quote Form

Date: _____

Name Insured: _____ FEIN/Tax ID/SS# _____

Address: _____ Zip Code: _____

Telephone: _____ How long has insured been in business? _____

Individual Corporation Partnership Joint Venture

If Corporation, Partnership or Joint Venture, How many owners, officers, or partners?

Nature of Business: _____

Limits of Liability: 100K 300K 500K 1MIL 2MIL/1MIL

Annual Sales: _____ Annual Payroll: _____
Not Including Owners or Partners

Number of Employees: F/T: _____ P/T: _____

Amount spent on sub-contractors: _____

Do subs carry their own insurance? _____

Additionally insured interests/Waivers of subrogation (Qty. ea.)

Prior Carrier: _____ Year of Activity: _____

Prior Losses: YES NO If yes, please explain _____

Note: General Contractors must complete the ACCORD 125 & 126 and contractors supplement form.

Agent Information

Agency #: _____ Email: _____

Agency: _____ Contact: _____

Phone: _____ Fax: _____

THIS IS A QUOTE REQUEST, NOT AN APPLICATION