

# 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.*

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### Agent Information

Agency #: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*THIS IS A QUOTE REQUEST, NOT AN APPLICATION\***