



Texas Commercial Insurance Facilities

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QUICK QUOTE FORM - COMMERCIAL GENERAL LIABILITY

AGENCY NAME & CONTACT INFORMATION: (required for processing)

INSURED NAME:

MAILING ADDRESS

PHYSICAL ADDRESS

NEW VENTURE?: Y N

YEARS IN BUSINESS/EXPERIENCE:

BUSINESS DESCRIPTION:

PRIOR CARRIER: (required)

CANC/NON-RENEWED:

LOSSES: (3 years required)

OF EMPLOYEES:

OF OFFICERS/PARTNERS:

% OF OPERATIONS SUBCONTRACTED:

PAYROLL AMOUNT: (excluding owners)

GROSS SALES:

SQUARE FOOTAGE:

SUBS (if any) COST OF HIRE: \$

CERT REQUIRED FROM SUBS: Y N

OF ADDITIONAL INSURED'S:

OF WAIVERS:

LIMITS: (required)

GENERAL AGGREGATE:

PROD/COMPL OPS AGGREGATE:

PERSONAL/ADV INJURY:

EACH OCCURRENCE:

DAMAGE TO PREMISES RENTED TO YOU:

MEDICAL EXPENSE:

COMMENTS:

This is an indication only! A completed application must be received before a firm quote will be issued. This quote is not binding. Missing information on this sheet will result in a delay in receiving your indication. We cannot assign this request to an underwriter unless all information is provided.