



General Liability Quote

Henslee Insurance Agency, Inc.

Date _____ Phone # _____ E-Mail _____

Name of Applicant: _____ Doing Business As: _____

Social Security # or EIN# _____

Address including county and zip code: _____

Physical Location: _____

Requested Effective Date: _____

Individual _____ Corporation _____ Partnership _____ Joint Venture _____ LLC _____

If corp, partnership, or joint venture, how many owners, officers or partners? _____

How long have you been in business? _____ Type of business: _____

Annual Gross Sales _____ Annual Payroll (not including owner) _____

Number of Employees (other than owner) F/T _____ P/T _____

Amount spent on sub-contractors: _____ Do subs carry own insurance _____

Prior Carrier & Expiration Date _____ Renewal Premium: _____

Any losses in the past 5 years, including date, cause, and amount paid: _____

General Aggregate \$ _____ Each Occurrence \$ _____

Products/Comp. Ops \$ _____ Personal/ Ad Injury \$ _____

Fire Damage \$ _____ Medical Expense \$ _____

of certificates requested _____ # of additional insureds requested _____

Send completed form to hensleeinsurance@gmail.com or fax to (817)447-3743. You can call us at (817)447-2771

Thank You For Your Submission We Will Get Back To You Very Soon....