



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?

Years in business? Years Exp. 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....**