

# Reliable Insurance Managers Inc

5345 Highway Blvd  
Katy, TX 77494

Email all forms to email below

Phone: (713)227-7283

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## Commercial Insurance Quote Sheet

Quote Date: \_\_\_\_\_

### Applicant's Information:

Home Tel#: \_\_\_\_\_

Work Tel#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Fax #: \_\_\_\_\_

DBA: \_\_\_\_\_

Corp (if any): \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years in Business/ Experience: \_\_\_\_\_ Any Special License/Training: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Any Loss/Claims: \_\_\_\_\_

Type of Insurance Needed: \_\_\_\_\_

### Property Information:

Year Constructed: \_\_\_\_\_ Owned/Leased: \_\_\_\_\_ Structure: \_\_\_\_\_ Area: \_\_\_\_\_

UPDATES: Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Est. Annual Payroll: \_\_\_\_\_ Est. Annual Receipts: \_\_\_\_\_

### Coverage Required:

Building: \_\_\_\_\_ Contents: \_\_\_\_\_ Loss of Earnings: \_\_\_\_\_

Sign: \_\_\_\_\_ Glass: \_\_\_\_\_ Pump/Canopy: \_\_\_\_\_

Workers Compensation needed (Limits): \_\_\_\_\_

No. of Additional Insured: \_\_\_\_\_

Waivers of Subrogation: \_\_\_\_\_

### Commercial General Liability:

### Premium:

General Aggregate: \_\_\_\_\_

Policy Term: 12 Months

Product Aggregate: \_\_\_\_\_

Premium: \_\_\_\_\_

Personal && Adv. Injury: \_\_\_\_\_

Policy Fee + Taxes: \_\_\_\_\_

Each Occurrence: \_\_\_\_\_

Agency Fee: \_\_\_\_\_

Fire Damage: \_\_\_\_\_

TERM TOTAL: \_\_\_\_\_

Medical Expense: \_\_\_\_\_

Notes: \_\_\_\_\_

Down Payment: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

No. of Payments: \_\_\_\_\_