



FARMERS

Farmers Insurance Group/Novy Insurance Services

C/o 3507 W. Stetson Ave. #158

Fax: 951-346-3292

Hemet, CA 92545

Tel: 951-652-0516

Dear Client:

GENERAL LIABILITY QUOTE SHEET

Below is the list of items we need in order to obtain a quotation for General Liability insurance. Fax those items back with the completed form. If new business items (B) and (C) will not pertain.

- A. This completed form (all questions must be answered)
- B. Last year's declaration page(s) (shows name of your company, dates of policy and class codes)
- C. 3 to 5 year loss runs (claims report from previous insurance company showing all losses and amounts paid. Must be ordered within the last 60 days.)

1. Full name of business: _____
 Mailing address: _____

Check one: Individual ___ Partnership ___ Corporation ___ Non Profit ___

Location: _____ Phone # _____
 _____ Fax # _____

2. Tax payer ID number: _____

3. Owners' names: _____ % of ownership? ___
 _____ % of ownership? ___
 _____ % of ownership? ___

4. General description of what your business is or does.

5. Gross receipts last year \$ _____ next 12 months \$ _____

6. Number of employees _____

7. Sq.Ft. of business _____
 Own _____ Rent _____ Year built _____ Year of upgrade _____ Roof _____
 Frame or masonry _____ Electrical _____ Plumbing _____

Contents in Dollars \$ _____

8. Amount of liability desired \$1,000,000 ___ \$2,000,000 ___ Other \$ _____

Signature: _____ Date: _____ Remarks: _____