

TEXAS GENERAL AGENCY, INC.

COMMERCIAL FIRE QUOTE

AGENCY NAME _____
FROM _____
PHONE # _____

PRODUCER # _____
EMAIL ADDRESS: _____
FAX # _____

NAMED INSURED _____ DBA (IF ANY) _____
MAILING ADDRESS _____
PREVIOUS CARRIER _____ Canceled or non-renewed (reason) _____
LOSSES (IF ANY) _____

BUSINESS OF INSURED _____
BUILDING OCCUPANCIES _____
LOCATION ADDRESS: _____ INSIDE OR OUTSIDE CITY LIMITS? _____
LOCATION ADDRESS: _____ INSIDE OR OUTSIDE CITY LIMITS? _____
LOCATION ADDRESS: _____ INSIDE OR OUTSIDE CITY LIMITS? _____

BUILDING LIMIT	Location 1	Location 2	Location 3
TYPE OF COVERAGE	Location 1 _____	Location 2 _____	Location 3 _____
SQUARE FOOTAGE/YEAR BUILT	Location 1 _____	Location 2 _____	Location 3 _____
BUSINESS PERSONAL PROPERTY	Location 1 _____	Location 2 _____	Location 3 _____
BUSINESS INCOME OR RENTAL LIMIT	Location 1 _____	Location 2 _____	Location 3 _____
ANNUAL SALES OR RENTS:	Location 1 _____	Location 2 _____	Location 3 _____
NUMBER OF MONTHS (NO LESS THAN 3 MOS)	Location 1 _____	Location 2 _____	Location 3 _____
CAUSES OF LOSS	Location 1 _____	Location 2 _____	Location 3 _____
CONSTRUCTION	Location 1 _____	Location 2 _____	Location 3 _____
AUTO EXTINGUISHING SYSTEM (Ansul Or Similar)	Location 1 _____	Location 2 _____	Location 3 _____
ALARMS	Location 1 _____	Location 2 _____	Location 3 _____
ALARM SYSTEM MONITORED BY	Location 1 _____	Location 2 _____	Location 3 _____

COMMENTS: