

**TEXAS GENERAL AGENCY, INC.**

**COMMERCIAL GENERAL LIABILITY**

**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** \_\_\_\_\_  
**NUMBER OF ACTIVE OFFICERS, PARTNERS** \_\_\_\_\_  
**EMPLOYEE ANNUAL PAYROLL** \_\_\_\_\_  
**DAY LABOR COST OF HIRE** \_\_\_\_\_  
**INSURED SUBCONTRACTORS** \_\_\_\_\_ **UNINSURED SUBCONTRACTORS** \_\_\_\_\_  
**GROSS SALES** \_\_\_\_\_  
**SQUARE FOOTAGE (IF APPLICABLE)** \_\_\_\_\_

**LIABILITY LIMIT** \_\_\_\_\_  
**LIQUOR LIABILITY (IF AVAILABLE)** \_\_\_\_\_  
**HIRED/NON-OWNED COVERAGE (IF AVAILABLE)** \_\_\_\_\_

**PERSONAL & ADVERTISING INJURY COVERAGE** \_\_\_\_\_  
**FIRE DAMAGE COVERAGE** \_\_\_\_\_  
**MEDICAL EXPENSE COVERAGE** \_\_\_\_\_  
**CONTRACTUAL** \_\_\_\_\_

**WAIVERS OF SUBROGATION (HOW MANY)** \_\_\_\_\_  
**ADDITIONAL INSURED (HOW MANY)** \_\_\_\_\_

**COMMENTS:**