

**COMMERCIAL PROPERTY/GENERAL LIABILITY "QUICK QUOTE" FORM**

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Date: \_\_\_\_\_ Submitting Agent: \_\_\_\_\_  
Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Named Insured: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Description of Operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#Owners \_\_\_\_\_ Employee only payroll: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_  
Yrs in Business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_  
Are any Subcontractors used: \_\_\_\_\_ if yes, what percent: \_\_\_\_\_  
Square Footage: \_\_\_\_\_ Other: \_\_\_\_\_  
Additional Insured needed: \_\_\_\_\_ Waivers needed: \_\_\_\_\_  
Requested Liability Limits: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Limits: Building: \_\_\_\_\_ Valuation: ACV RCV  
BPP: \_\_\_\_\_ Causes of Loss: BASIC BROAD SPECIAL  
Business Income: \_\_\_\_\_  
Other: \_\_\_\_\_ Occupancy: \_\_\_\_\_

Bldg Age: \_\_\_\_\_ Sq Ft: \_\_\_\_\_ Updates: \_\_\_\_\_  
# of Stories: \_\_\_\_\_ Construction: \_\_\_\_\_ Owner: \_\_\_\_\_ Tenant: \_\_\_\_\_

Protective Safeguards: Central Station Burglar Alarm \_\_\_\_\_ Central Station Fire Alarm \_\_\_\_\_ Ansul System \_\_\_\_\_

3 Year Prior Carrier: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of any Losses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments Regarding Risk: \_\_\_\_\_  
\_\_\_\_\_

(Quote purpose only, Original Signed Application needed in order to bind coverage)