

For a quick quote, please fax or call with the following information.

**Marilyn Kuhlman Insurance**

7601 Main Street, Suite 100

Frisco, Texas 75034

972-335-2487

fax 972-335-2489

email [info@marilvnkuhlman.com](mailto:info@marilvnkuhlman.com)



**COMMERCIAL QUOTE  
GENERAL LIABILITY  
AND WORKERS COMP**

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

TELL US WHAT YOU DO \_\_\_\_\_  
\_\_\_\_\_

<u>TYPE OF WORK PERFORMED</u>	<u>RECEIPTS</u>	<u>PAYROLL</u>
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- |          |       |       |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
- (employee payroll only)*

NUMBER OF OWNERS/OFFICERS \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

IS ANY WORK SUBCONTRACTED YES NO

TOTAL SUBCONTRACTED COST \$ \_\_\_\_\_

HAVE THERE BEEN ANY CLAIMS IN PAST THREE YEARS \_\_\_\_\_

CURRENT OR PAST INSURANCE COMPANY \_\_\_\_\_

LIMIT OF PROPERTY INSURANCE NEEDED \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(building) (office contents)

LIMIT OF LIABILITY INSURANCE NEEDED \$ \_\_\_\_\_

UMBRELLA COVERAGE NEEDED \$ \_\_\_\_\_

EQUIPMENT OR TOOL COVERAGE NEEDED \$ \_\_\_\_\_