

LESLIE & GILES

INSURANCE LIMITED



COMMERCIAL BUSINESS QUOTE

COMPANY INFORMATION

Company name: _____

Company Address: _____

Nature of the business: _____

Company Structure: Corporation ___ Sole Proprietorship ___ Partnership ___ Other ___

Years in Business: _____ Years of experience in industry: _____

Company website: _____ Number of Employees: _____

Annual Revenue: \$ _____

Additional Location(s): _____

USA Exposures: Yes ___ No ___

Any Claims in the past 5 years: Yes ___ No ___ If "Yes", when: _____

COVERAGE INFORMATION

CGL: \$2,000,000 ___ \$3,000,000 ___ \$4,000,000 ___ \$5,000,000 ___ or more ___

D&O: \$2,000,000 ___ \$3,000,000 ___ \$4,000,000 ___ \$5,000,000 ___ or more ___

E&O: \$2,000,000 ___ \$3,000,000 ___ \$4,000,000 ___ \$5,000,000 ___ or more ___

Building: \$ _____ Contents: \$ _____

Equipment: \$ _____ Stock: \$ _____

Tenants Legal Liability: \$250,000 ___ \$500,000 ___ \$1,000,000 ___ Other: _____

Required Effective date of Policy: _____, _____

CONTACT INFORMATION

Company Contact Name: _____ Telephone: _____

Email: _____