



# UNITED PREFERRED INSURANCE SERVICES INC.

## General Liability

### Owner Info

Business Owner Name (First and Last) \_\_\_\_\_

Business Owner Email \_\_\_\_\_ Phone # \_\_\_\_\_

### Business Info

Legal Business Name \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

( ) Individual ( ) Corporation ( ) LLC ( ) Other \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Description of Company \_\_\_\_\_

\_\_\_\_\_

### Insurance Info

Years in Business \_\_\_\_\_ When do you want your new policy to start \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Insurance Carrier \_\_\_\_\_

**Any losses or claims in the last 4 years** ( )Yes ( )No **(You will need to obtain loss runs for the last 4 years from your current insurance carrier weather you have any losses or not.)**

### Locations Info (If additional locations are needed please use another form)

Location # 1 Full Address \_\_\_\_\_

How many Full Time Employees \_\_\_\_\_ How many Part Time Employees \_\_\_\_\_

Annual Revenue \$ \_\_\_\_\_ Building sq. ft. \_\_\_\_\_ Any area being leased to others ( )Yes ( )No

Location # 2 Full Address \_\_\_\_\_

How many Full Time Employees \_\_\_\_\_ How many Part Time Employees \_\_\_\_\_

Annual Revenue \$ \_\_\_\_\_ Building sq. ft. \_\_\_\_\_ Any area being leased to others ( )Yes ( )No

**(United Preferred Insurance will call you within 48 hours on business days or you can email this form and any insurance info to [Admin@UnitedPreferredInsurance.com](mailto:Admin@UnitedPreferredInsurance.com))**