



DEEP SOUTH
INSURANCE SERVICES SINCE 1967

General Liability Quick Quote
Completed Acord Application Required for general contractors

Date _____ Effective Date _____ Date Needed _____

1. Account Name: _____

2. Location Address: _____ Zip Code _____

3. Agency: _____ Fax#: _____ Phone#: _____

4. Contact Person : _____ Email: _____

5. Description of Operations : _____

6. Years In Business : _____ Years of Verifiable Experience: _____

7. Prior Carrier Current: _____ Prior: _____

Second Prior _____ Third Prior: _____

8. If Cancelled or Non-Renewed, provide date and explanation: _____

9. Loss History Prior Four Years (Loss runs required if bound): _____

10. Limits of Liability Desired :

General Aggregate	_____
Products/Completed Operations	_____
Personal and Advertising Injury	_____
Each Occurrence Limit	_____
Fire Damage Limit	_____
Medical Payments	_____ \$ 5,000 _____

11. Payroll : _____ 12. Receipts: _____

12. Additional Insured: _____

13. Waiver of Subrogation: _____

Note: Signed acord application is required upon binding.

Producers Signature _____

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