



General Liability/Property Application

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Agent ID: _____ Branch ID#: _____

Contact Name: _____ Date: _____

Phone: _____ Fax: _____

Company Name: _____

Address _____

Entity: Corp Individual Partnership Non-Profit LLC other _____

Description of Operation _____

Do you use subcontractors (Y or N if yes (%) of work contracted out % _____ and payroll \$ _____

Years in Business: _____ Years of Experience: _____ Number of Owners: _____

Employee Payroll: _____ Gross Estimated Sales: _____ Any claims? (Y or N) If yes,

How many claims? # _____ and value of each claim \$: _____ / _____ / _____ / _____

Limits Desired: 1M/2M 500K/1M 300K/600K 100K/200K

Currently Insured: (Y or N) if yes Carrier: _____ Policy #: _____

Do you own you're building/dwelling? (Y or N) If yes, value \$: _____

Personal Content Value \$ _____ Year Built: _____

Construction Type: _____ Square Footage: _____

Any improvement with the last 10 years? (Y or N) If yes what type: _____

Any additional information, please note below

Comments: