

Univision Solutions

2775 Cruse Rd, Suite# 202, Lawrenceville GA 30044

Ph: (770)817-700 Fax: (770)817-7001

Business Insurance Quote Form

Please fill out the form below to request a Business Insurance Quote.
All fields marked with (*) are required.

Business Name*:

Premises Address*:

City*:

State*:

Zip Code*:

Contact Name*:

Phone #*:

Ext #:

Fax*:

Years in Business*:

Email Address*:

Federal Employer's ID #*:

Description of Operations or SIC code*:

Number of Employees*:

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Payroll (not including owners)*:

Estimated Gross Receipts*:

Select all that apply to your Georgia business:

- Work above 15 feet
- Use Subcontractors
- Delivery Service
- Offer safety incentive programs
- Work Underground
- Require out of state travel
- Work on vessels, docks,bridges over water
- Other

Recent Insurance Information:

Current Insurance Company:

Policy #:

Expiration Date: (mm/dd/yyyy)

What types of coverage do you currently have:

- General Liability
- Property
- Equipment Floater
- Crime
- Benefit Liability
- Other
- Worker's Compensation
- Business Auto
- Directors + Officer's
- Professional Liability (E + O)
- Pension Trust Bond

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Other Insurance Company Used Within Past 5 Years:

Policy #:

Losses past 3 years:

- Yes
- No

Amount paid for each loss:

Description of losses or loss runs:

Choose Georgia Business Liability Insurance Limits:

General Aggregate Limit (other than Products completed)	<input type="checkbox"/> None	<input type="checkbox"/> \$500,000/\$1 million
	<input type="checkbox"/> \$300,000/\$300,000	<input type="checkbox"/> \$1 million/\$1 million
	<input type="checkbox"/> \$300,000/\$600,000	<input type="checkbox"/> \$1 million/\$2 million
	<input type="checkbox"/> \$500,000/\$500,000	

Products/Completed Operations Aggregate Limit	<input type="checkbox"/> None	<input type="checkbox"/> \$500,000/\$1 million
	<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$1 million/\$1 million
	<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1 million/\$2 million

Umbrella	<input type="checkbox"/> None	<input type="checkbox"/> 3 million
	<input type="checkbox"/> \$1 million	<input type="checkbox"/> \$5 million
	<input type="checkbox"/>	

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If you've already filled out information on your buildings or facilities in another insurance quote form then skip the section below.

Building Value: \$

Contents Value: \$

Total Building Area:

Year Built:

Construction	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Concrete Block
Type:	<input type="checkbox"/> Steel Reinforced	<input type="checkbox"/> Concrete Tilt Up
	<input type="checkbox"/> Mill	

Sprinklers: Yes No

Electrical Type:

Amps:

Plumbing Renovation: Partial Complete

Plumbing Renovation Year:

Heating Type:

Heating Renovation Year:

Roofing Renovation: Partial Complete

Roof Age (Years):

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Central Alarm:

Additional Information or Comments

ADDITIONAL INFORMATION:

How did you hear about our agency?

Word of Mouth Referral Advertising/Web Site Other

Referred By: _____

We offer a full line of insurance products. Are you interested in talking to us about any of the following?

Homeowners Insurance

Life Insurance

Business Insurance

Applicant Name: _____

Signature: _____

Date: _____