



Help you to protect future

For more information, contact our office at 732-910-6615

Completed form send to: Fax (609) 423-1273 or

Email: inquiry@neptunefinserve.com

TO GET PROPER DISCOUNT,
PLEASE ENTER ALL DATA CORRECT & READABLE

Commercial General Liability Quote Form

Instructions: Include copies of current insurance declaration page and any documents or correspondence that you believe will assist us to get you right quote. Attach additional pages if needed. This form must be signed and dated.

Name of Entity: _____ Tax ID# _____

Type of Entity (Select One): Individual Partnership Corporation LLC _____ Other _____

Address: _____

Phone Number: _____ Fax: _____ Email: _____

Name of Contact/Title: _____ Phone: _____ In Business Since (Year) _____

Physical Property Address (if different from above): _____

Current Insurance Co. _____ Expiration Date: _____

Detailed Description of Operations: _____

General Liability Information

Annual Gross Receipts (Estimate) - \$ _____ Retail _____% Wholesale _____%

Annual Payroll (Estimate) by classification

Payroll \$	Class Code	Payroll \$	Class Code	Payroll \$	Class Code

Any Work Subcontracted? Y N Cost of Subs? \$ _____ Subcontracted _____%

Type of Work Subcontracted: _____

