

**Commercial General Liability  
QUOTATION FORM  
FAX TO: (772) 335-0716**

**To expedite the quotation process, please complete this form in it's entirety and fax  
back to**

**Diversified Financial Services, Inc.**

Date \_\_\_\_\_

Federal I.D. # \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Present Carrier: \_\_\_\_\_

Policy Date/Renewal Date \_\_\_\_\_

Years in Business \_\_\_\_\_ Liability Limits \_\_\_\_\_

Number of Officers: \_\_\_\_\_ Number of Employees \_\_\_\_\_

Type of Work Done \_\_\_\_\_

Estimated Annual Payroll: \_\_\_\_\_ Gross Receipts \_\_\_\_\_

**If Contractor:**

**Type of License** \_\_\_\_\_

**Do you Sub contract any work/if so cost** \_\_\_\_\_

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Services, Inc. (772) 335-0716**