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CAPITAL INSURANCE SERVICES

www.capitalinsurance.com

Commercial Umbrella Quote Sheet

Business Name: _____ FEIN #: _____ Year Established: _____

Phone: _____ E-Mail: _____

Location Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Owner or Tenant: _____

Description of Operations: _____ Years of Experience: _____

Entity Type: Sole Proprietorship Partnership / LLP Corporation LLC
 PC Other (list): _____

of office locations: _____ Gross sales: _____ Annual payroll: _____

Underlying Insurance					
Coverage Type	Carrier	Policy#	Policy Period	Limits of Liability	Premium
General Liability				General Aggregate \$ Products Aggregate \$ Personal & Advertising Injury \$ Occurrence \$ Damage to Premises Rented \$ Medical Payments \$	
Commercial Auto				<input type="checkbox"/> C.S.L. \$ <input type="checkbox"/> Split Limits \$	
Workers Comp				Bodily Inj. (each accident) \$ Bodily Inj. Disease (each) \$ Bodily Inj. Disease (limit) \$	
Professional Liability				Occurrence \$ Aggregate \$	
Liquor Liability				Occurrence \$ Aggregate \$	

Desired Limit (\$1M, \$2M, \$3M, \$4M, \$5M): \$ _____

If higher limits are the requirement of a contract or project, please provide details of duties the applicant will perform, the duration, and the total cost:

Please attach your general liability policy or complete the following:

General Liability Information		
Classification	Underlying Premium	
Choose an item.	\$	
Choose an item.	\$	
Choose an item.	\$	
Choose an item.	\$	
Choose an item.	\$	

Current Insurance Information

Company Name: _____ Annual Premium: _____

Amount Insured for: _____ Expiration Date: _____