

**McNabb Insurance Services**  
**Premium Indication Questionnaire**  
**This premium is not binding.**  
**Submit an Acord Application for a formal quotation**  
**Fax to Louise Tebelekian or E-Mail to Ltebelekian@mcnabb-ins.com**

Producer-

Producer Contact-

Producer Phone-

Producer Fax-

Line of Business

\_\_\_Package

\_\_\_Property

\_\_\_General Liability

Applicant-

Effective Date-

Premises Address-

Description of Business Operations-

**PROPERTY SECTION**

Building-

Personal Property-

Business Income/Rents-

Causes of Loss-

Deductible-

# Buildings-

Building Age-

Construction Type-

**GENERAL LIABILITY SECTION**

Occurrence Limit-

General Aggregate Limit-

Products/Completed Operations Aggregate Limit-

Sales-

Area-

Payroll-

Beer, Wine, Liquor Sales-

Loss History:

**PREMIUM INDICATION IS SUBJECT TO DISCOUNT/SURCHARGE UPON RECEIPT OF COMPLETED ACORD APPLICATION.**

**McNabb Insurance Services**