



GENERAL LIABILITY QUESTIONNAIRE

APPLICANT _____

ADDRESS _____

CITY _____, COUNTY _____, ZIP _____

DESCRIBE OPERATIONS _____

_____, YRS IN BUSINESS _____

COVERAGES REQUESTED:

PREMISES/OPERATIONS _____ PROD/COMP OPS _____ PERS INJ/ADV _____

FIRE LEGAL _____ MED PAY _____ OTHER _____

LIMITS REQUESTED:

EACH OCCUR _____ AGG _____ PROD/COMP OPS _____

PERS INJ/ADV _____ FIRE LEGAL _____ MEDICAL PAY _____

DEDUCTIBLES REQUESTED: BI - \$ _____, PD - \$ _____

EFFECTIVE DATES: FROM _____ TO _____

PREMIUM BASIS:

PREMISES OPS: AREA _____, PAYROLL _____, SALES _____

PER EACH _____, OTHER _____

PROD/COMP OPS: GROSS RECEIPTS FROM ALL: SALES - \$ _____

SERVICE - \$ _____

OCP: TOTAL PAID TO ALL SUBCONTRACTORS: \$ _____

OTHER _____

ADD'L INSURED'S/WAIVER OF SUBR. _____

CURRENT/PRIOR CARRIER _____

LOSSES PAST THREE YEARS _____

REMARKS _____

PRODUCER _____

DATE _____

LOCATION _____

PHONE _____