



**ALASKA**COMMERCIAL  
INSURANCE BROKERS

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## General Liability Application

### BUSINESS INFORMATION

Business Name:		
Phone:	Fax:	
Email:	Website:	
Mailing Address:		
City:	State:	Zip:
Year Established:	Structure:	Federal EIN/Tax ID:
Description of operations:		
Is there a formal safety and security program in effect?      No    Yes		

### PRINCIPAL INFORMATION

First Name:	M.I.:	Last Name:
Phone:	Email:	
Mailing Address:		
City:	State:	Zip:

### INSURANCE INFORMATION

Proposed effective date:	Previous Carrier:	
Policy Number:	Any prior lapse of coverage:      No    Yes	
Prior Losses (if any)	Date	Amount of Loss

### REQUESTED COVERAGE LIMITS

Per Occurrence:	Aggregate:	Deductible:
Other:		

