

550 E Tudor Rd. Ste 203 Anchorage, AK 99503 P: (907) 644-8700 F: (907) 644-8701 www.akcommercialinsurance.com info@akcommercialinsurance.com

## **General Liability Application**

<b>BUSINESS INFORMATION</b>								
Business Name:								
Phone:			Fax:					
Email:			Website:					
Mailing Address:								
City:		State:			Zip:			
Year Established:	Structure:	Fede			ral EIN/Tax ID:			
Description of operations:								
Is there a formal safety and security program in effect? No Yes								
PRINCIPAL INFORMATION								
First Name:	M.I.:	M.I.: Last		ame:				
Phone:	,	Email	Email:					
Mailing Address:		1						
City:		State:			Zip:			
<b>INSURANCE INFORMATIO</b>	N							
Proposed effective date:	N	Previo	ous Carrie	r:				
	N	-	ous Carrie		age:	No Ye	<u></u>	
Proposed effective date:		-			_	No Yes	5	
Proposed effective date: Policy Number:		-	rior lapse		_		S	
Proposed effective date: Policy Number:		-	rior lapse		_		S	
Proposed effective date: Policy Number:		-	rior lapse		_		S	
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Proposed effective date: Policy Number:		-	rior lapse		_		S	
Proposed effective date: Policy Number:	ny)	-	rior lapse		_		S	
Proposed effective date:  Policy Number:  Prior Losses (if ar	ny)	-	rior lapse		Am		S	
Proposed effective date:  Policy Number:  Prior Losses (if ar	LIMITS	-	rior lapse	of cover	Am		S	

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DATE:

EMPLOYEE INFORMATION								
Job Title/Description	Class Code	# of Employees	Payroll					
	Total:							
LOCATION(S) OF BUSINESS OPERATION(S)								
Address	Square	Footage	Gross Sales					
SUBCONTRACTOR INFORMATION								
Are subcontractors used? No Yes		Forecasted subcontractor cost:						
Are your subcontractors required to submit certificates of insurance with the same liability limits as yours?								
ADDITIONAL INSUREDS								
Name		Address						
ADDITIONAL REQUESTS OR COMMENT	S							

**SIGNATURE:**