



ALASKACOMMERCIAL
INSURANCE BROKERS

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

General Liability Application

Business Information

Business Name:_____ Phone:_____ Fax:_____

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

Year Established:_____ Structure:_____ FEIN Number:_____

Email:_____ Website:_____

Description of Operations:_____

Principal Information

First Name:_____ Middle Initial:_____ Last Name:_____

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

Phone:_____ DOB:_____ SSN:_____

Email:_____

Insurance Information

Proposed Effective Date:_____ Previous Carrier:_____

Policy Number:_____ Any Prior Lapse of Coverage: Yes No

| Prior Losses if Any | Date | Amount of Loss |
|---------------------|------|----------------|
|---------------------|------|----------------|

| | | |
|-------|--|--|
| ----- | | |
| ----- | | |
| ----- | | |

Workforce Breakdown

Number of Employees: _____ Forecast Annual Payroll: _____

| Job Title | Job Description |
|-----------|-----------------|
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

Location of Business Operations

| Location Address | Square Footage | Gross Sales |
|------------------|----------------|-------------|
| ----- | ----- | ----- |
| ----- | ----- | ----- |
| ----- | ----- | ----- |
| ----- | ----- | ----- |
| ----- | ----- | ----- |

Subcontractor Information

Are Subcontractors Used: Yes No Forecasted Subcontractor Cost: _____

Are Subcontractors required to submit certificates of insurance with the same liability limits as yours: Yes No

Signature: _____

Date _____