



## General Liability Application

### Business Information

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year Established: \_\_\_\_\_ Structure: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Is There a Formal Safety and Security Program in Effect: Y N

### Principal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_ DL State and #: \_\_\_\_\_

### Insurance Information

Proposed Effective Date: \_\_\_\_\_ Previous Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Any Prior Lapse of Coverage: Yes No

Prior Losses if Any	Date	Amount of Loss
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**Workforce Breakdown**

Number of Employees: FT \_\_\_\_\_ PT: \_\_\_\_\_ Forecast Annual Payroll: \_\_\_\_\_

Job Title	Job Description
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**Location of Business Operations**

Location Address	Square Footage	Gross Sales
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**Coverage Limits**

Limit Requested: \_\_\_\_\_ Deductible Requested: \_\_\_\_\_

Optional coverages: Property Business Auto Workers Compensation

**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** \_\_\_\_\_