



COMMERCIAL GENERAL LIABILITY
INSURANCE QUESTIONNAIRE

Phone: (213) 800 - 1099

Email: info@insking.us

APPLICANT NAME & ADDRESS

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Description of Business / Services Provided: _____

LEGAL ENTITY:

- Individual
- Partnership
- Corporation
- LLC
- Other: _____

BUILDING CONSTRUCTION:

- [Wood] Frame
- Joisted Masonry
- Non-Combustible
- Masonry Non-Combustible
- Fire Resistive

Square footage occupied by your business: _____

Number of years in business: _____

Number of years experience in this type of business: _____

Employer ID # (FEIN): _____

Total estimated annual sales/receipts/revenue: _____

Total estimated annual payroll for direct employees: _____

Are Subcontractors / Independent Contractors used? No Yes

If yes, do you require a certificate of insurance as evidence of their own insurance? Yes No

Total annual cost / payroll for subcontractors: _____

GENERAL LIABILITY COVERAGE:

If your lease requires **ADDITIONAL INSURED** status for your Landlord and/or Property Manager please provide the name and address as it should appear on Certificate of Insurance:

PER OCCURRENCE / AGGREGATES

- \$1,000,000 / \$2,000,000
- \$2,000,000 / \$4,000,000

Please provide copy of lease requirements from your property manager [if applicable]

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UMBRELLA LIABILITY [OPTIONAL COVERAGE] (For an additional premium)

This coverage would respond if the **Liability** limits on your scheduled underlying General Liability [Businessowners], Employers Liability [Workers Compensation] and/or Business Auto Liability policies were to be exhausted / depleted due to a covered catastrophic loss.

DESIRED LIMIT:

- \$1,000,000
- \$2,000,000
- Other: _____

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Are any autos titled in the name of, owned by or leased by your business? No Yes
If yes – please contact us regarding Business Auto coverage options.

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Policy Effective Date Requested: _____

APPLICANT SIGNATURE:

Owner, Officer or Partner

Date